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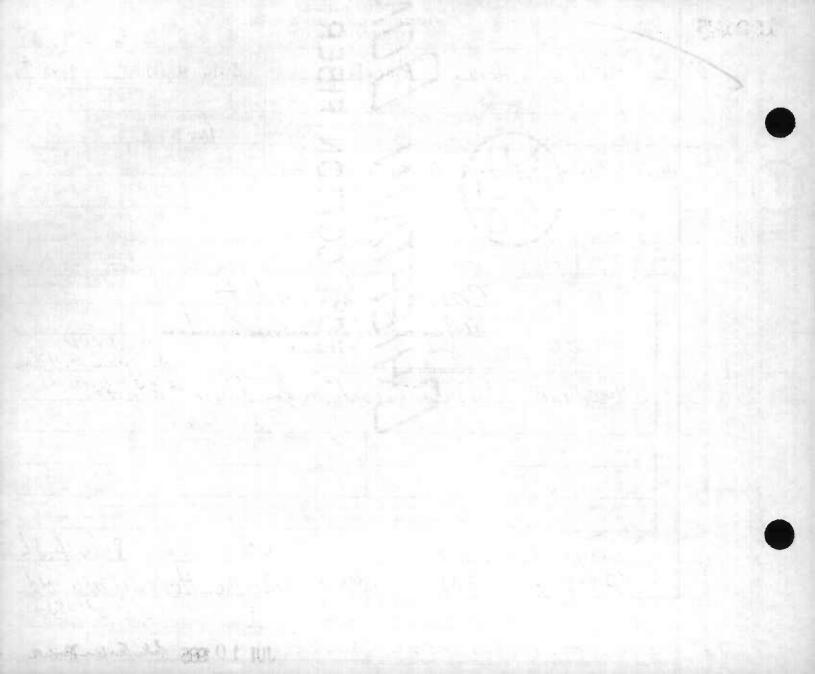
inial 13,18 to the costern in will existent

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399

Baker Cemetery



Promise Theresa themes 21-13 16 CONTRACTOR OF THE PROPERTY OF THE PERSON NAMED IN COLUMN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE 7-31-85item 13 I.J STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

NE 8 5

202

21

9	1 DECEASED NAME FIRST	A	AIDDLE	1	AST		28. DATE OF DEATH MONTH	DAY	YEAR	2b HOUR ₹
	TYPE ON PRINT! AUSE	AT	H.	B	ERRY		7	2	85	1:55 PM
	3 SEX	4. RACE	0.01/	5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)		ERIYEAR	IF UNDER 24 HRS
	, M	BL	Hell_	MONTH	DAY	1892	97-	RS MONTHS	DAYS	HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER A		9. BALTIMORE CITY OR COL	JNTY OF DE	EATH	
1	Md.	US.	A	WIDOWE		ORCED	diARFORD			MD
9	10 CITY OR TOWN OF DEATH		OSPITAL, NURSIN	IG HOME C		TITUTION	170 USUAL OCCUPATION			BUSINESS OR
ଐ	FALLSTON	FAIL	STO A	ADDRESS)	SCA!		Retired	ING LIFE) I IN	Justry	orer
	USUAL RESIDENCE IF NURSING HOME CO.		GIVE RESIDENCE BEFORE							0101
2	100 000	ford	Prosthi		136 INSIDE CI	NO T	13. STREET ADDRESS / ZIP (ettvi	ille	21084
	14 FATHER'S NAME					MAIDEN NAM	ME .			
9	Albert Henr	MIDDLE	LAST			FIRST	WIDDLE		LAST	
-	ALDORT Henr 16a WAS DECEASED EVER IN U.S. A		Berry 16b SOCIAL SECU	JRITY NO.	17 INFORMA	rtha Nī	ADDRESS	Co	rnis	h
		VE WAR OR DATES)	030 30 3	1200						
	No		218-18-1		George	Berry	1270 W. Jarret			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per ED 8Y	CARD 10		M QUAN	Y A	POET	2	BETWEENO	MATE INTERVAL
	IMMEDIA	TE CAUSE (0)	Chico	- MC	WALCOOTH-	1 17	[Glæ5]	- 1	HVV	W140
1		Conditions if now which							DA	10
	Conditions, if ony, which gave rise to immediate	(b)	BHUE	TUFL	CIV	oca	WINV)		DII	(7.
	underlying cause lost.	DUE TO, OF	R AS A CONSEQUE	DTV	ve i	1/2 AR	I Faren	1	XQ	AS
		CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION	1 GIVEN IN	PART Ito	
	ō.		HOLLING	UA	245	DITE	VID O		XEV	(2)
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED		ERTIFYING		
ď	AT L						YES NO	YES [NO 🗌
A		216. TIME OF	FINJURY M. MONTH DA	AY YEAR	21c HOW IN.	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M IS PART I OR	PART 2)	
	OR CONTRIBUTING [] CAUSE OF DE		M.	19		-0.00				
	216 INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY OFFICE F	ARM FIC)	211 LOCATIO	N	CITY OR TOWN	co	YTAUC	STATE
	AT WORK TO SHOW IN	1			1.0	0-				
	23eT antify that (1) (this hosp	ital attended the	deceased from	6	128	. 19 1	_, to	19_(1	hot (I) (we) last
	obove II (we) (did) (did n		phedicatha 19	, ar	ed that in (my)	(our) apinian c	death accurred an the date and	have and f	ram the cr	auses stated
	22h SICHATURS	111	MI		EGREE			27	DA ES	IGNED
	DW	111	MIL	2		HYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	3	7/2	-188
	THE CHYPICAN'S NAME ITTE	Sandrell J.V	14		22e ADDRES	0	1	6	TORF	T HILL

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DHMH - 16 60M 7/84 (VRA 15, 4)

should be detach with the State De IMPORTANT: If It

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)

Chestnut * Grove

236 LOCATION CITY OR FOWN MD 2105

Burial 7-6-85
24 FUNERAL DIRECTOR

Street

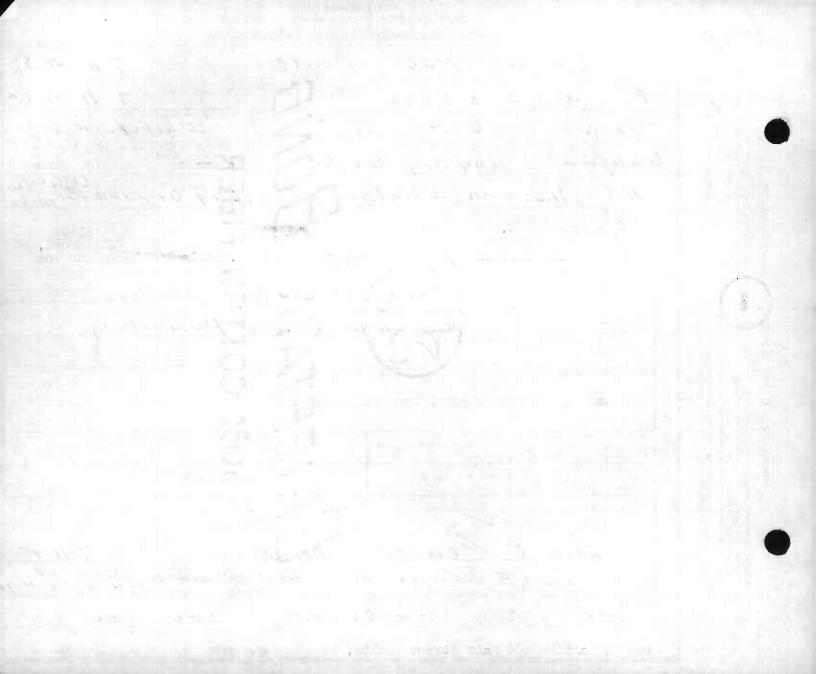
Harford Md

Arnold W. Beard 353 Fountain St. Hdg. Md.

EGISTRAR'S SIGNATURE

State of B .04 TOTCUIL DETLOOP 5 C "/125 . 3 dary dary artis cortan 1-1-20 for corr, 1 70. darest 116 d. . During the store of the mainte runic . seere 3-3 Francis St. St. - 0.

	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
10120	- STATE MEDICAL EVAMINEDES CEDITICATE OF DEATH	
10138		
	CIEDERASED NAME GEORGIA MARE BOYLE OF ESTI- DEATH MATED 7 11 1987	34
N STREE	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 2 2 3 6 2 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED 7 1 9 1 1 9 1 1 1 1 1	(a
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH FOREIGN COUNTRY)	1)
10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINES)	
1151	White for a [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]. OR INDUSTRY OWN HOME SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION).	
	STATE Med 136 EQUITY 136 COUNTY 136 COUNTY 136 COUNTY YES NO 136 COUNTY YES NO 12 1644 Deep you Relate	160
14.	FATHER'S NAME	
	George W. Hiller Mattie Slavy	
	(YES, NO. OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Whiteford, (YES, NO. OF UNKNOWN) 178-22-935 7 January L. Boyle 1644 Deep Run Roa	,d.
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	ITERVAL ND DEATH
	IMMEDIATE CAUSE (a) Cardiorrespira fory Faillure	
	Canditions, if any, which	
	Canditions, if any, which gave rise to immediate cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)	
Z		
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?	
Ĭ	YES 🗆	NO [
CALCER	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
MEDI	WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK WHOSE VIOLENCE OF DEATH 19 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CULTURE STREET COUNTY STREET COUNTY	STATE
	22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection Inquiry . and in my opinion	
	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
	ACTUAL PARTY TITLE (SPECIFY)	
1	SIGNATURE LUCY CELLY M.D. DEPULY MEDICAL EXAMINER SIGNED 7-11-1	U)_
1		
	(TYPE OR PRINT) LUIS E. RENJEL MD ADDRESS 464 allaces so flaver de	2107
23a.	(SPECIFY) ADDRESS. ADDRESS. 236. LOCATION CITY OF TOWN COUNTY STATE	2107
	Burial 7/15/85 Tabernacle Cemetery Whiteford Harford MD	
	(SPECIFY) ADDRESS. ADDRESS. 236. LOCATION CITY OF TOWN COUNTY STATE	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN TYPE OR PRINTS OF ESTI-10 44 Touis Bernard DEATH MATED Brockmeyer 7-25 19 85 SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED M 27 12 58 YRS DEAD 1985 70. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH **EVED MARRIED FOREIGN COUNTRY) WIDOWED 12 DIVORCED Harford ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIEFL Fallston General Fallston Hospital Plumber Plumbing ATh. 25 1, 2, Al. PM 3. RETAIN. 2 SHOULD B USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONS 13e. STREET ADDRE Jarrettsville MD. 13a STATE 13d. INSIDE CITY LIMITS? 13b. COUNTY MD Harford Jarrettsville YES [NO Ck 3763 Jarrettsville Pike 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Huber Charles Brockmever Mary IT. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Jatrettsville, Md. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dorothy Murray 3761 Jarrettsville WW II CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMI IMMEDIATE CAUSE (o) 3 SHOULD BE USED AS A BURIAL - TRANSIT PI DEPARTMENT OF HEALTH AND MENTAL HYGI I PRIOR TO BURIAL, CREMATION, OR REMOV Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 NO F 710 FXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME, 214 INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains desembed above, held an Autapsy Inspection and in my opinion Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) 7-25-85 Deputy DATE MEDICAL EXAMINER EXAMINER'S NAME Luis E. Reniel. M.D. ADDRESS464 Alliance St. Havre De Grace, MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 7/29/85 St. Joseph Cemetery Baltimore Md. 07/84 25M 24 FUNERSCHIMONEK FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR JOH REGISTRAR'S SIG **DHMH - 17** 9705 Belair Rd., Balto. Md. 21236 (VR A15 ME (5))

STATE OF MARYLAND

4 4 4 5 Concentral street Sugar

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

REGISTRAR

ECEASED NAME

STATE OF MARYLAND NE

DEPARTMENT	OF	HEAL	TH.	AND	MENTAL	HYGIE
CE	RTI	IFIC/	ATE	OF	DEATH	

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		0	REG. I	10.	lin	U	Gue	- 1	107
Ī	20. D	ATE OF	DEATH	MONTH	DAY		YEAR	2h HOUR	

3:30pm

17h KIND OF BUSINESS OR Cable Mfgr.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CAS	(TYPE	Francis	John John	Bu	llock	July 23, 19	985	3:30p
10	3 SEX		4 RACE White	S. DATE (6 AGE IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MI
35		RITHPLACE ISTATE OR FOREIGN OUNTERN OUT OUT OUT OUT OUT OUT OUT OU	76 CITIZEN OF WHAT COUNT U.S.A.	DV2 8	D X NEVER MARRIED	9 BALTIMORE CITY OR CO Harford Cou	DUNTY OF DEATH	
Sel Constitution of the selection of the		rest Hill	11. NAME OF HOSPITAL, NUI 2708 Harriet	RSING HOME		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Millwright	12b KIND C INDUSTRY Cable	relepho Mfar.
Since Control	13a S	AL RESIDENCE IF NURSING HOME TATE 136 COL TYLAND HART	or other institution give residence by UNITY 136 CITY OR T Forest	OWN.	13d INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS / ZIP 2708 Harrie	cope et Lane 21	1050
	Ed		Bennett Bullo		Mary Mary	Elizabeth ADDRESS	Krep	
e medice			GIVE WAR OR DATES)		Mazie F. Bu	llock Same as		
c event, th		PART I. DEATH WAS CAUS	ATE CAUSE (a)	nceel	met Carcia		Offalle	imate interval Onset and dea
other troumot		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE		n-Bony 1 SCVD	Yepseus-	J	
njury, or	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 10	a
Swo ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED		LIF YES, WERE FINDING CERTIFYING CAUSES	
tem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PART 2)	
n ong me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		211 LOCATION	CITY OR TOWN	COUNTY	STATE
em 21 is mo		saw the deceased alive o	pital) attended the deceased from 1	955.0	, 19	death accurred an the date a	nd hour and from the	
RTANT: If It		THE PHYSICIAN'S NAME (1)	li Jalin -	m. D	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		3-85
IMPORT	23a. B	MURLI N	10.1. 1.	23c NAME OF C	1305 Fallst	on Road Falls	ston, Md	
411	- (specify) rial			n Cemetery	Baltimore, N	Maryland	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

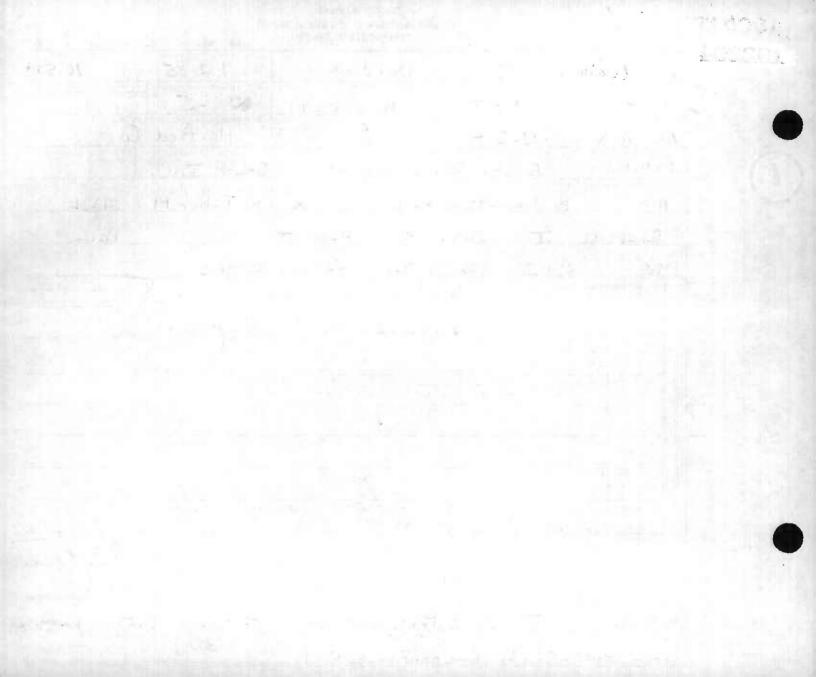
24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Balto., MD 21222

Maryland 230 gate RECD. BY REGISTRAR THE BEGISTRAR'S SIGNATURE Jundson Mandale

STATE	OF	MA	RY	LAN	

193047	١,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE		
1,5		REGISTRAR		CERTIFICATE OF DEATH	NEG. NO	2021	1
0 00 pt		CEASED NAME FIRST OR PRINT) Wallace	WIDDLE	Burdick		P5 DAY YEAR 26 HOUR 10:5:	2.A
for, poge offer deo	3. SE	Male	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS M	IRS
oge ours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	11 08 19	9 BALTIMORE CITY OF	YRS. COUNTY OF DEATH	_
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by the fu	10. CI	allston	11. NAME OF HOSPITAL, NURSIN FIFNOT IN SUCH FACILITY GIVE STREET FAILS ton GENERAL		120. USUAL OCCUPATION LEVPE OF WORK FOR MOST OF		OR
filled in ould be t	13a S	AL RESIDENCE (IF NURSING HOME OF LITE 136 COUNTY)			13 STREET ADDRESS /	(1)	
the steely ship	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM		LAST	
ompli ompli		CLARZINE :	I. BURDIC	K HARRIST	ADDRE	nsiL.	
n ond c			/E WAR OR DATES)	3727 FAMILY	RECORDS		
physicia npapers mavol		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D BY:	comenna	y dr	APPROXIMATE BUTTERY AL	De.
e death cer to ottending move carba latian, ar re traumatic e			DUE TO, OR AS A CONSEQU	elegandan ta	Oller La	nde '	
hat the de by the off use remov crematic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
equires the signed Then ples reburio injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE HOM	MAL DISEASE OR COME	NITION GIVEN IN PART LIG	_
he law r on. has bee t permit. iene pria	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)	
YSICIAN: T ding physici s certificate buriol-fransi Mental Hygi r Hemil 8 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	W
PHYS trending the bur this ond Me ond Me ced or the ced	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	FARM ETC) 211 LOCATION STREET	CITY OR TOV	COUNTY STATE	ĉ
NDING of or of or		220. I certify that (I) (this hosp	ital) arranded the deceased from.	Q/30 19 XI		2 1905 that (It (we)	
R ATTE haspite RECTO ned for ipt. of h		sow the deceosed alive on obove, (1) (we) (did) (did) to 22b. SIGNATURE	it view the body after death. 19	, DEGREE	deoth occurred on the do	te and haur and from the couses stated	1
TAL OR by the hy the high detached face Department of the both of the between		QA	The state of the s	MD ATTENDING PHYSICIAN	MEDICAL STAF	IAN [] // 5/8	
TO HOSPITAL retoined by the TO FUNERAL should be detroined to with the Store IMPORTANT		22d PHYSICIAN'S NAME (TYPE O	E (CXC+)	22e. ADDRESS	urlow	lle done	
P € 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a E	BURIAL, CREMATION, REMOVAL SPECIFY WRIAL	236 DATE 236.	NAME OF CEMETERY OR CREMATORY	23d LOCATION CUTY OR TOWN	BATTO - John Com	lasc
DHMH - 16 60M 7/B4	24 FI	INERAL DIRECTOR	1002101100114	8800 POOD 250. DAT	E REC'D BY-RECHOOR	256 REGISTRAR S SIGNATURE	11.1.14.
(VRA 15 4)	15.	COOS CHOPEL C	IF MS MORIS & HO	REAGO RAGO 1	1 0 0 1200	0	

DHMH - 16 60M 7/B4 (VRA 15, 4)



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1	-	STATE	
		DECISTO.	A D

STATE OF MARYLAND

)EP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTIFI	CATE	OF	DEATH	

3467		REGISTRAR	CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CONTROL DAY YEAR 12th HOUR						
S de	(TYPE (EASED NAME FIRST MILE	op H.	Bukindine		July 14 1985 839			
rs ofter.	3. SEX	Male	* RACE White	5. DATE OF BIRTH MONTH DAY APRIL 8, 1916	6. AGE JIN YEARS LAST BIR	MONTHS DAYS HOURS M			
135	C	RTHPLACE (STATE OR FOREIGN OUNTRY) RYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED M NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH			
11/200	O CIT	UR L. GIMCE	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION TADDRESS! HOS PITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O (RET)MAIN. SU	FWORKING LIFE) INDUSTRY			
35	JSUA 13a S	IL RESIDENCE (IF NURSING HOME OF TATE	ROTHER HELLIT TICH CIVE RESIDENCE BEFOR		13e.STREET ADDRESS	ZIP CODE WL Rd. 21028			
11/2	FA	THER'S NAME FREDERICK	H. BURKINDINE	35. MOTHER'S MAIDEN NA FIRST EMMA	WE	STEWART			
1		AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) YES WW	VE WAR OR DATES)	01/1	ADDRE BURKINDINE	SAME AS #13e			
en signed by the ottending. Then please remove carb or to buriol, cremation, or r rigiury, or other traumatic	NOIL	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR ALL ALCONSEQU	DEATH BUT NOT RELATED TO THE TERM					
ony ony	<	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED			
nsit permit rgiene prio shows ony	ERTIFICA	A PARTY			YES NO K	IN CERTIFYING CAUSES OF DEATH? YES NO NO			
	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D	21¢ HOW INJURY OCCUR 19 211 LOCATION	YES NO K	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOT NOT NOT NOT NOT NOT NOT NO			
DRECTOR After this certificoched for use as the burial-th Dept. of Health and Mental		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 22a. I certify that (1) (this hasp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE.)	PARY YEAR 19 211 LOCATION STREET , and that in (my) (aur) apinian DEGREE ATTENDING	YES NO RED (ENTER NATURE OF INJUIT CITY OR TO death occurred an the do	IN CERTIFYING CAUSES OF DEATH? YES NO			
O FUNERAL DIRECTOR After this certiful hould be detached for use as the burial-runt the State Dept. of Health and Mental MPORTANT II I may 21 is marked or them 1	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the deceased alive ar abave, (I) (wa, i did) (did not	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I itol) attended the deceosed from 1990	PEGRES 21c HOW INJURY OCCUR 219 211 LOCATION 51REE1 19 3 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	YES NO RED (ENTER NATURE OF INJUI	IN CERTIFYING CAUSES OF DEATH? YES NO YINITEM 18 PART I ORPART 2) WN COUNTY STATE That III (we) Site and hour and from the causes stated			

DHMH - 16 60M 7/B4 (VRA 15, 4)

MITCHELL FUNERAL HOME, PA, HAVRE de GRACE, MD. 21078

JUL 1 6 1985 Julia Davidson-Randelle

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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ರ	REG. NO.	200	1.3	1	6
-	MIKEG. NO.	6-140	436	Contract of the Contract of th	-

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	. 4 4 4 1
1	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ı	SELMA	Α.	BUTT	07.	-20-85 3:50 A
	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	~9" 12^ 1896°	88 _{YF}	MONTHS DAYS HOURS MIN.
2	PTO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
1	Phila. Penna.	USA	WIDOWED DIVORCED	Blatimore 0:	ty HALTOTOMO.
)	Baltimore Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Belair Conval	IG HOME OR OTHER INSTITUTION ADDRESS) Lesarium	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY Homemaking
5	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE Maryland		N 1134 INSIDE CITY LIMITS?	Belair Conval	
2	14 FATHER'S NAME FIRST	Goritsk	15 MOTHER'S MAIDEN I	N AME MIDDLE	LAST
	160 WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		ADDRESS	
	No	216-32-	-9228 Ruth H. G.	lenn 5603 Kenwoo	d Ave. 21206
		(b) DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART I 10
7	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
	AED CALL AND THE STATE OF THE S	The PLACE OF INJURY Lat HOME SHEET FACIONS, OFFICE OF INJURY OFFICE OF INJURY OFFICE OF INJURY OFFICE OFFIC	TH LOCATION THE LOCATION THE LOCATION THE LOCATION THE LOCATION TO BE ATTENDING	on death accurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	19 85 that (1) Weeklast have and from the cross stated
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATOR t. John Ev.LuthCh	Y 23d. LOCATION	loward" Maryland
	Durial	(-2)-0) 0	O. OOITH EA. PROHOU	• OCHI •	TOMOTA LIGITATION

DHMH - 16 50M 4/83

the buriol-tronsit permit. Then pleas and Mental Hygiene prior to burial,

should be detached for use as TO FUNERAL DIRECTOR

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

24 FUNERAL DIRECTOR (VRA 15, 4)

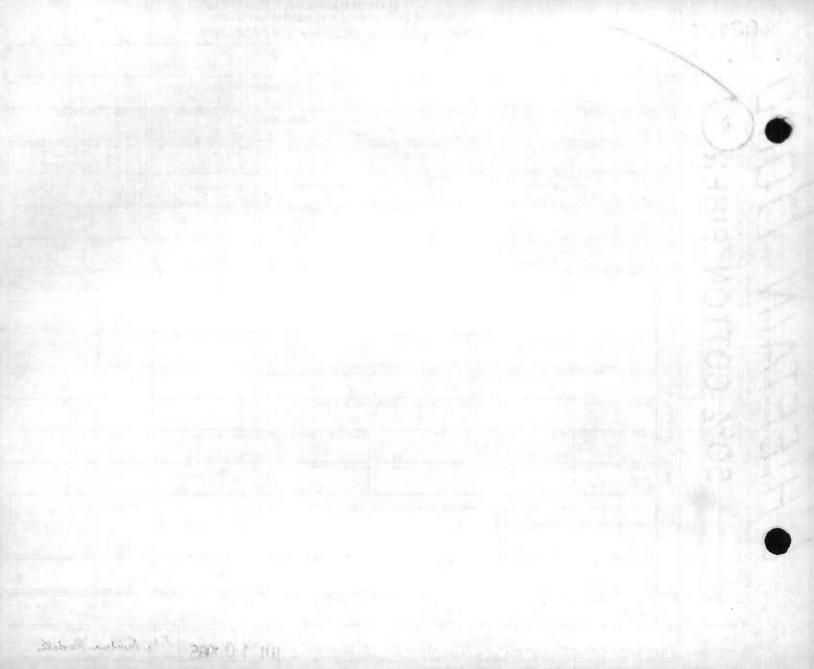
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TO DATE KNOWNYY MONTH (TYPE OR PRINT) ESTI-Milton DEATH MATED 19 85 Canter 4 RACE & AGE (IN YEARS IF UNDER 1 YR. 2:25 P. M IF UNDER 24 HRS 7c DATE White PRONOUNCED Male 1085 DEAD RALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore WIDOWED DIVORCED Harford County, IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Psuchologist Jarrettsville rear of 4135 Madonna Road Balto. 13d. INSIDE CITY LIMITS? Madonna Rd. Madonna Jarretsvi 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Milton A. Annabelle Det IAL SOCIAL SECURITY NO (YES NO. OR UNKNOWN) Carter Jarrettsville. Armu Kores 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Shotaun Wound of Chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (chest only 21a EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR subject shot himself CONTRIBUTING CAUSE OF DEATH 7-4 19 85 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK back yard 4135 Madonna Rd., Jarrettsville, Harford Co., O FUNERAL DIRECTOR: P 226. I certify that I took charge of the remains described above held any Md. Inspection SuicideXX Hamicide Undetermined manner death resulted from: Accident TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Margarita A. Korell, M.D. 23d. LOCATION Burial 07/84 25M 24. FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 a. w may woon fandalle Miller Inc-6415 BElain Rd. -21206 (VR A15 ME (5))

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	- 77				STATE	OF MARYLAND				
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	1 DEC	CEASED NAME M ASTZ	133	MIDDLE	LAS	1		MONTH DAY	YEAR 2b H	OUR
by be death	TYPE	CHANDE CHANDE	R I	LOU	CH	ANDLER	~	7-1-8	85 5	15 PM
To bo	3. SE)	1	4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRT			DER 24 HRS
ctor rs oft		emale	In	HITE	June !	9. 1904	81	YRS WONTHS	DAYS HOUR	MIN.
2 52 6		CIHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B AAA PRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	Market 1
1 15 10		rginia	110	SA	WIDOWED		Harford Co	nanta.		MD.
1 11 7/		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME OR	OTHER INSTITUTION	12a USUAL OCCUPATION	ON - 12b	KIND OF BUS	
5 50 82	F	allston	Fallsto	on Genera	l Hosp	ital	Housewife		OUSTRY	
(1-32 AZ	USUA L3a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	3d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
例の銀ンシ		ryland Har	ford	Bel Air		YES NO	133 Thomas		21014	
# 201/5	14. FA	THER'S NAME			1	MOTHER'S MAIDEN NA	ME			100
d single		John A	ndrew	Suite		Cora	I.ee	D	ilkins	
or Sold of Sol	16a V	AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	1 INFORMANT	ADDRE			
e exe Page Page		ES NO OR UNKNOWN) (IF YES G	VE WAR OR DATES)	212-20-55	597	rs.Dorothy 1	Poody 210 E	ichardso		olair
e be						H3.DOLOGIY I	weedy, 210 F		APPROXIMATE IN	
physical phy		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY		e ren	Bustom	Parling		JETWEEN ONSET	ND DEATH
cert ing rbon ir rel		IMMEDIA	TE CAUSE (a)			0 1		0 1		
death affend ave co filan, c		Conditions, if any, which	DUE TO, C	R AS A CONSEQUE		Canharen	rebal be	eed,		
ne of motion		gave rise to immediate cause (a), stating the	16)			0 1 1				
that the state of		underlying cause last.	DUE TO, C	DR AS A CONSEQUE	NCE OF	typerten	non	100		
es ou la contro		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART Ira	
equ o sis The inju	CERTIFICATION									
ow r	AT	19a DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE	FINDINGSU	SED
hos hos	TE	NOME					YES NO	IN CERTIFYING C		EATH?
N. Thysicion of the round of th	CER	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)	
Ad Ato M		OR CONTRIBUTING CAUSE OF DE	AIM	.M. MONTH DA	AY YEAR					
HYSIC ading is cert burial Mental and then or then	MEDICAL	21d INJURY OCCURRED	210 PLACE	OF INJURY		II LOCATION				1034
G PH attender the street ond	ME	WHILE NOT WHILE THE AT WORK	(AT HOME S	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	VN CO	YIMU	STATE
DIN or Se or		220 I certify that (I) (this hasp	ntal) attended t	he deceased from_	6-	26- 1985		- 19 8	that ((we) last
TEN TOR TOR SF He		saw the deceared plive a	7-	- 19_	and, and	that in (my) (aur) apinion	death occurred on the do	ite and hour and fi	rom the couses	stated
R All hasp		221 SIGNATURE	or view the body	offer death.	DE	GREE		22	C. DATE SIGNI	ED
TAL O y the RAL DI detack detack detack		-8	DOLL	asave	7 1	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FIAND	7/1/	8-
HOSPITAL of the Property of th		774 PHYLOCIAN'S NAME (THE	OX PRINT)			22e ADDRESS				3
TO HOSPITAL retained by the TO FUNERAL should be dette with the State with the State MAPORTANT:		HSHOK		1ARA	NG	1131 Bel:	Air, Rd,	Isel Ac	1, MD	201
Of Of MAN		URIAL, CREMATION, REMOVA	23b DATE	23c 1	NAME OF CE	METERY OR CREMATORY	23d LOCATION		730	67.45
BP		Burial	July 5	1985 Be	L Air N	Memorial Gard	4	r Harfo		STATE
DHMH - 16 60M 7/84		INERAL DIRECTOR				25a DAT	E REC D. BY REGISTRAR	25h REGISTRAR'S	SIGNATURE	
(VRA 15, 4)	Ho	ward K. McComa	s III, A	Abingdon,	Md. 2	1009	03 1985 8	In Davidson	Mastere	

	rems 18	3-22a 8/	1/85 F#606		E OF MARYLAND	AI HYCIENE		
3131	- STATE REGUNTRAR	and a service of the	М	EDICAL EXAMIN			REGIO.	1 2 2 4
11	THE OLEMAN	ME FIRS		WIDDLE	LAST	2a D.	ATE KNOWN (7) M	ONTH DAY YEAR TO HO
2 2 2 m	TYPE CHEPRINE)	E1	mer	Leroy	Cochan		OF ESTI-	7/ 5/ 19 85
DE 25	EX	4. RACE	5. DATE OF BIRT			NDER 24 HRS 20 I	DATE MC	ONTH DAY YEAR 24 HE
The late of the la	Male	White	Oct. 10.				DE AD	7/ 5/ 1985 P
PA	BIRTHPLACE FOREIGN COUNTS	USTATE CHE	19 19 19	WHAT COUNTRY?	8. MARRIED NEVER	MARRIED . 9. BA	LTIMORE CITY OR CO	OUNTY OF DEATH
M	aryland	NOEDEATH	U.S.	.A. OSPITAL, NURSING HOME			arford Cou	
2		and the same of	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)		FOR MOST O	F WORKING LIFE)	OR INDUSTRY
es	Fallsto		Fallst	OR General Ho	ospital	Mecha		Various
	STATE	ania Yo		Peach Bott	138. INSIDE CITY LIN			on 99499
_	FATHER'S NA	ALCOHOL: THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDR	K	геасп вобс		MAIDEN NAME	222,Box 19	80/////
1	Farley		MODLE	Cochran	Alph		MIDDLE	Wagner
160			ARMED FORCES?	16b SOCIAL SECURITY			ADDRESS	wagner
	Yes		lorea	214-36-885	8 Chas. C	ochran, Box	175, Conow	vingo,MD21918
5	18 CAUSE	OF DEATH (Ente	r only one couse per li	ine for (a), (b), ond (c).)				APPROXIMATE INTERVA BETWEEN ONSET AND DE
r	T/	DEATH WAS CA	DIATE CAUSE (0)		Drowning			
	1//	14		OR AS A CONSEQUENCE C	OF .			
	gave	rise to immed	iote (b)					
	lying o	(o) stating the un ouse last.	DUE TO, C	OR AS A CONSEQUENCE C	OF .			
	PART 2 OTHE	SIGNIFICANT CONDIT	(c)	TH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION CHE	hi ahi many a		
Z		ite Etha		TO NOT KEENTED TO THE TERMI	HAL DISEASE OR CONDITION GIVE	N IN PART 1 10		
CERTIFICATION	19a. DATE	OF OPERATION		DITION FOR WHICH OPERA	ATION WAS PERFORMED	?		20 AUTOPSY?
1 Maria								YES X NO
3 8	21a EXTER	NAL CAUSE WAS		OF INJURY	21c. HOW INJURY OCC	CURRED LENTER NATURE	OF INJURY IN ITEM 18 PART 1	OR PART 2)
MEDICAL	CONTRIBL	NG X OR	OF DEATH 2:26	MPM 7/5/19 85		rowned wh:	ile swimmi	ng
1 6	WHILE	OCCURRED NOT WHILE	STREET E	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY STA
	AT WORK	AT WORK	X m	arina	Joppatown	Marina, Jo	oppa, Md.	
h	22a. I ce	rtify that I took c	norm of the remoins of	described obove, held an	Autopsy K., Ins.	pection . Inc	quiry ond in	my opinion
4	death res	ulted fram:	interest etuses	Accident X, Sui	cide . Homicide	Undetermine	ed manner,	
	ACTUAL	4	10		TITLE (SPECI		0	DATE 7/7/05
7	SIGNATUR	E			M.DASSIS	tant MEDICAL E	XAMINER S	GIGNED 7/7/85
1	EXAMINER (TYPE OR P	S NAME GY	egory R. K	auffman, M.D.	ADDRESS	111 Penn	St.	
230		AATION, REMOV			ETERY OR CREMATORY	73d LOCATIO		COUNTY
	Burial		July 9,	1985 Highviev		Falls	ston, Harfor	rd, Maryland
	FUNERAL DIR		ADDRI	ESS		DATE REC'D. BY REGI	STRAR 256 REGISTRA	AR'S SIGNATURE
) T.	arring	Funeral	Home, P.A.	,Aberdeen,MD	,21001-3399	1111 1 0 19	R5 12.00	indin Aandelli



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 217013 DECEASED NAME FERR 7-27-85 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto. Md. U. S. A. Harford Co. WIDOWEDF DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Beth. Steel Fallston Fallston Gen. Hos. Fallston. Md. 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Fallston 2055 Durham Rd. 21047 Harford Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Henry Cumberland Kellner John Margaret ADDRESS 2055 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Durham Rd. 213 07 6841 Mr. Clifford Powell, Fallston, Md. no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO- (ULMONARY ARREST. AS A CONSEQUENCE OF SEPTICEMIA DECUBITI Conditions, if any, which gave rise to immediate CONSEQUENCE OF DEHYDRATIONS ANAEMIA ASC cause (a), stating the underlying couse last TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION CAILURE 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE HOME STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive on_ and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated

DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN PHYSICIAN

4806-YORK Rd. BALT. Md. 4212

230 BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY

STATE

Baltimore

Md.

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

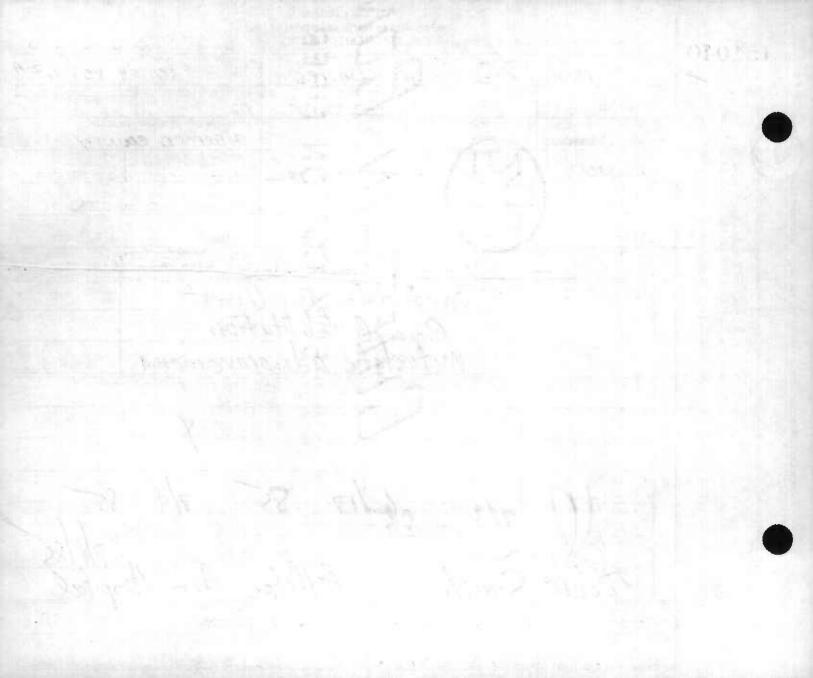
E.F. Tassahn. 11750Belair Rd. Kingsville. Md. 21087

Sacred Heart of Jesus Dundalk

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STATE OF MARYLAND



20M 4/82

for it is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ILIV	8	S REG. I	NO. 2	-
20	DATE	OF DEATH	MONTH	D

2	0	2	2	7
_	DAY	VEAD	Tas 11	011

If Hem 21 is marked or Hem 18 shows ony Injury, or other traumatic event, the medical examiner must be notified a Concern			
If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event,	/	the medical examiner must be matitled of ancer	1/2 2/2
If them 21 is morked or frem 18 shows on)	ly injury, or other froumotic event,	
If them 21 is morked or them 1		8 shows on	0
If hem 21 is morked o		or Hem 1	×
If hem 2		I is morked c	
		If Hem 2	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the remained by the hospital or ottending physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the princing physician and completely for should be detached for use as the burial-transit permit. Then principle is a components. Pages 1 and 2 should be detached for use as the burial-transit permit. Then principle is a component property of the principle is	with the State Dept of Health and Mental Hygiene prior to burning and the movel. IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner
BP.		
DHMH	- 16 60	M 7/84

(VRA 15, 4)

	EASED NAME	FIRST	MIDDLE	- 1	AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
11110		RALD	INE	FOI	RSHA	0	7-28-85 1/7
3. SEX		4. RACE		S. DATE C	DE BIRTH Sept. 30, 1890	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	V	Nh:th=		9 20 90	94	YRS DATS HOURS MIN
	THPLACE (STATE OF FOR	EIGN 76 CITIZ	EN OF WHAT COU	MARRIEI		9 BALTIMORE CITY OF	COUNTY OF DEATH
0	UNSYLVAN	IA	U.S.A.	WIDOWE		HAT Ford Co	ounty "
	Y OR TOWN OF DEATH	11. NA	ME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION	1101 1111 01 0001 1000
FA	MOTON	F	ALLSTO	N GE,	VERAL	Housevile	HOMEMAKET
13a ST.	ATE Maryland 13	B COUNTY	13c CITY O	E BEFORE ADMISSION) R TOWN 21034	138 INSIDE CITY LIMITS?	32 26 Ca	
14 FATI	HER'S NAME			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15. MOTHER'S MAIDEN NA	ΛE	overior no
	GEONJE	WAShir	sten Tra	utman	LydiA	MIDDLE	EichEr
	AS DECEASED EVER IN	U.S. ARMED FO		L SECURITY NO.	17 INFORMANT DANS		36 CASHETON ROAD
	NO	-	169-0'	7-3837	Mrs, Marthas, Bo		mington, maryland 2103
T i	8 CAUSE OF DEATH	Enter only one co	ouse per line for (o),	(b), and ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS	MEDIATE CAUS	E(0) C000	liec Fai	lare		
		DUI	E TO, OR AS A CON	SEQUENCE OF			
	Conditions, if ony, w	hich	1b) Congeil	' heart	faily seem,	- O 10 - 10	
	gove rise to immed couse (a), stating	the DUI	E TO, OR AS A CON	SEQUENCE OF			
	underlying couse	lost.	(c)				
7 F	PART 2 OTHER SIGNIF	ICANT CONDITI	ONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OTTION GIVEN IN PART 110
ē _	Kensi	the/ had					The second second
ICA	9a DATE OF OPERATIO	N 196	CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
E						YES NO P	YES NO Z
0 1	() a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL		TIME OF INJURY DUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART 2)
CA	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.	19			
WED 2	WHILE NOT WHILE	TAT	PLACE OF INJURY	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
A	AT WORK						
2							
	22a I certify that (I) (th		nded the deceosed	6 10	19 95		29 , 19 , that (I) (we) lo
-	sow the deceased obove, (1) (we) (did	olive on 7	/27	19 <u>95</u> , on		, to, to	te and hour and from the causes stated
2	sow the deceased	olive on 7	/27	19 <u>95</u> , on	DEGREE		te and hour and from the causes stated 22c. DATE SIGNED
	sow the deceosed obove, (1) (we) (did	olive on 7 (did not) view th	/27	19 <u>95</u> , on	DEGREE ATTENDING PHYSICIAN	, to	te and hour and from the couses stated 22c. DATE SIGNED
	sow the deceased obove, (1) (we) (did	olive on 7 (did not) view th	/27	19 <u>95</u> , on	DEGREE ATTENDING	MEDICAL STAF	te and hour and from the couses stated 22c. DATE SIGNED
2	sow the deceosed obove, (1) (we) (did 276 SIGNATURE LLULL ARCHAUTE) (1) (200 PHYSICIAN'S NAM	olive on 7 (did not) view th G. En E (TYPE OR PRINT) Crenin	127 L 12.	_19 <u></u>	DEGREE ATTENDING PHYSICIAN [270 ADDRESS] 721 Wheele	MEDICAL STAF POIRECTOR PHYSIC	te and hour and from the couses stated 22c. DATE SIGNED
23a BUI	sow the decessed obove, (1) (we) (did 27b SIGNATURE LLLLL 22b PHYSICIAN'S NAM RAHLL CREMATION, RE	Olive on 7 (did not) view the G. Cu. E (TYPE OR PRINT) Cre nin MOVAL 236 D	127 Le body offer death. V ATE	19 \$5 , on	DEGREE ATTENDING PHYSICIAN E 1220 ADDRESS 721 Wheeles EMETERY OR CREMATORY	MEDICAL STAF DIRECTOR PHYSICI	PAN DATE SIGNED 7/28/85 Whiteher, Md.
23a BU	sow the decessed obove. (1) (we) (did 2726 SIGNATURE LLC) 22d. PHYSICIAN'S NAM RIAL, CREMATION, RE	Olive on Oli	127 L 12.	19 \$5 ON THE OF CI	DEGREE ATTENDING PHYSICIAN E 120 ADDRESS 721 Wheele EMETERY OR CREMATORY	MEDICAL STAF DIRECTOR PHYSIC	122. DATE SIGNED 7/28/65 Whatifus, Md.

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FUNERAL DIRECTOR:

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HOSPITAL

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MPORTANT:

190 DATE OF OPERATION

23a BURIAL CREMATION, REMOVAL

1	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 Q. NO. 2	0 2 3 0
	1. DECEASED NAME FIRST		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	baby girl Lagi		oltoms) aleasor	7	19 1980 4 7 M
	3. SEX (4. RACE)	S. DATE MON	OF BIRTH () JAY YEAR 95	6. AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS HOURS MIN.
of once.	78 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY? 8 MARRI WIDOW		Har ford	ITY OF DEATH MD.
Design		OF HOSPITAL, NURSING HOME IN SUCH FACILITY, GIVE STREET ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
奶	USUAL RESIDENCE (IF NURSING HOLE OR OTHER INSTIT	JTION GIVE RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN Edgewood	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO	
exombu	14 FATHER'S NAME FIRST MIODLE	LAST	15. MOTHER'S MAIDEN NAME FIRST	WIOOFE	Bottoms
medicol	160 WAS DECEASED EVER IN U.S. ARMED FORC (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DA		same as abov	ADDRESS	
event, the	18 CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (5 Salare	prematant	4	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
oumotic	Conditions, if any, which	o, or as a consequence of Cardis	resperatory	failure	
r other tr	gove rise to immediate cause (a), stating the underlying cause last.	O, OR AS A CONSEQUENCE OF	U		

CERTIFICATION IN CERTIFYING CAUSES OF DEATH? YES [7] NOF YES [NO [216 TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OF LOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from 19

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

saw the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) were the 226. SIGNATURE DEGREE 22c. DATE SJÖNED ATTENDING MEDICAL STAFF

22d PHYSICIAN'S NAME (1799) 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

DIRECTOR PHYSICIAN

20a AUTOPSY?

COUNTY STATE

burial 8-3-85 St. James 24 FUNERAL DIRECTOR

Havre de Grace Harford Md 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Arnold W. Beard 353 fOuntain St. HDG. Md.

236. DATE

Like Trindson Francese

206. IF YES, WERE FINDINGS USED

DHMH - 16 60M 7/84 (VRA 15, 4)

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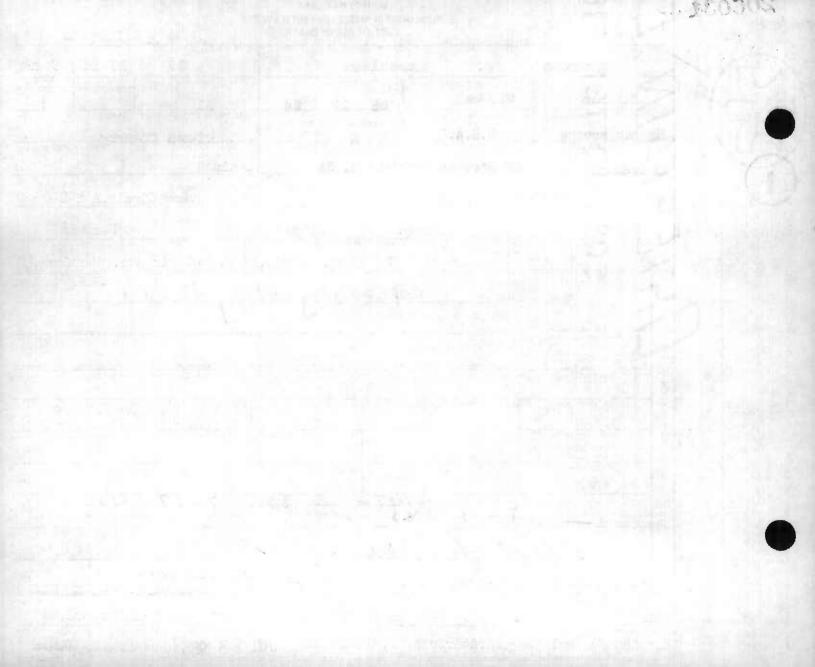
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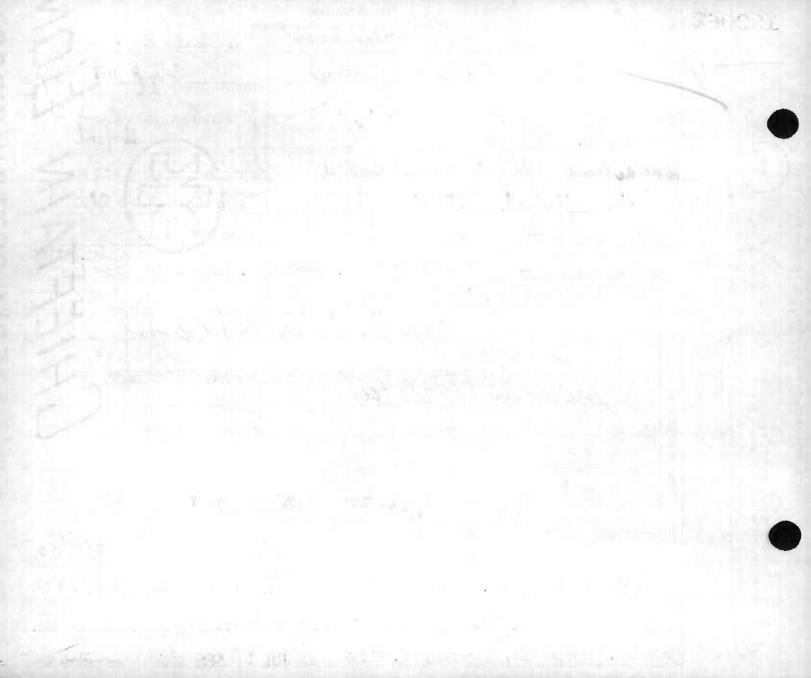
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Armiddl. sears 353 framesin 75, db. Md.

206031 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2b. HOUR TYPE OR PRINTI 07 Elfride Greenleaf 17 85 F. am 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR female white 04 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Massachusetts WIDOWED DIVORCED Harford County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 300 Stevens Circle, Apt. 2A Retired 300 Stevens Circle, Apt 2-D 136 COUNTY 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? Harford Aberdeen Marvland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Fornham Alice Charles Davis ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 21001 220-14-1842 Chas. Boutin, 34 W. Bel Air Ave., Aberdeen, MD N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 229 I certify that (1) (this haspital) attended the deceased from 1-2 saw the deceased alive an and that in (my) (our) apinion death accurred on the date and have and from the causes stated 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING Should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 72d. PHYSICIAN'S NAME (TYPE OF 22e ADDRESS Trimble Road M.S. Sharaf El-Deane, M.D. Edgewood, MD, 21040 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23h DATE Havre de Grace, Harford, MD July 19, 1985 Angel Hill Cem. Burial 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399 (VRA 15, 4) , and murdoon flandall





DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

And the second of the second o JUL 11 IXE FEMALES PRINTERS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2. PRESTON ST., BALLIMORE, PRESTON ST., BALLIMORE, PRESTON ST., BALLIMORE, PRESTON ST., BALLIMORE, PRESTON	
TERINAL DUVCICIANI. The form committee that the death conflictes his securited within 2	
biol or attending physicion.	
TOR. After this certificate has been signed by the offending physican and committee willing in the funeral direction page for use as the burial-transit permit. Then please remove corbon papers. Then all the within 72 hours ofter deve	at in the funeral director, pag

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STATE OF MARYLAND
OR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. I	10.	2	0	2	3	d'a
OF	DEATH	MON	TH	DAY	YEAR	126 HO	IIP .

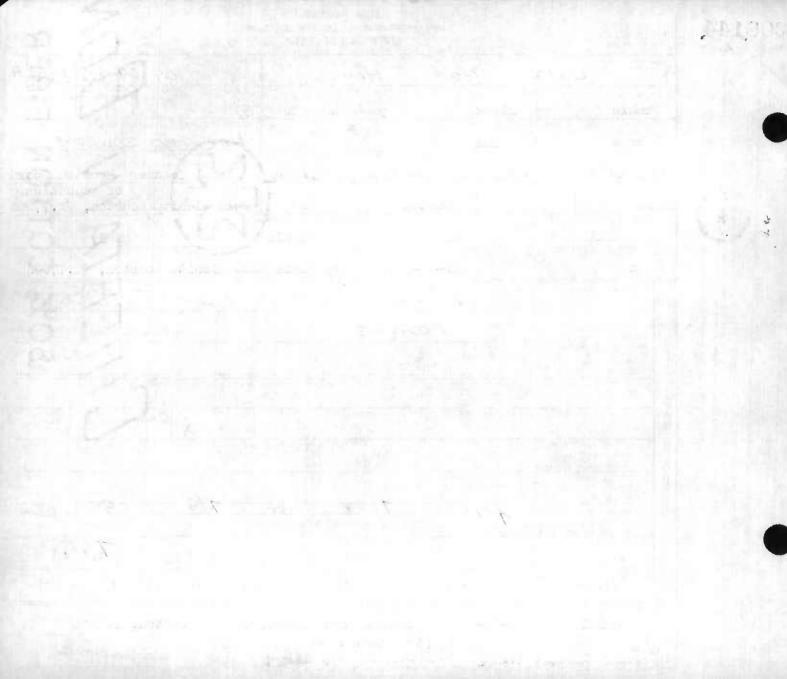
	1 DECEASED NAME (TYPE OR PRINT)	drey Gail	L Hair	Harris	20. DATE OF DEATH M	onth DAY YEAR	26 HOURS
	3. SEX	4 RACE	5. DATE C		& AGE (IN YEARS LAST BINTH		
-	Finale	white	NOV	. 26, 1934 Tear	50	YRS.	TS HOURS MIN.
5	COUNTRY	76. CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	1 1
	Chester, Pa.	USA	WIDOWE			140	word Mo.
6	Wre de Dace	Harland M	Horis.	Hospital	(TYPE OF WORK FOR MOST OF V Housewife		D OF BUSINESS OR RY
5	LISUAL RESIDENCE (IF NURSING HOME OR 130. STATE			13d. INSIDE CITY LIMITS?	130.STREET ADDRESS 1	erry Rd.	21040
0	14 FATHER'S NAME FIRST Edwin	P. vanDe	eusen	15 MOTHER'S MAIDEN NAM Audrey	M. MIDDLE	McFadde	
1	16a WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV.	E WAR OR DAYES	5-5314	John E. Harri	Ls, Jr., 200	Edgewood,M 5 Cherry R	d. 21040 toad
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	Myocarla NOT RELATED TO THE TERM	l infarel	ITION GIVEN IN PART	Γλίο
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIN IN CERTIFYING CAUS YES	
1	21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 22d. I certify that (1) (this haspit sow the deceased alive an above. (1) (we) (did) (did not 72b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE O	P.M. 7 In PLACE OF INJURY (AT HOME STREET FACTORY, C	DEFICE FARM, ETC.) from 6 19 0, or	21t HOW INJURY OCCURR 21t LOCATION STREET 19 15 d that in (my) (our) apinion of Physician Physician 22e ADDRESS	city on town	19 95 e and hour and from	STATE that (1) (we) lost
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	73b. DATE July 4,1985		emetery or crematory	23d LOCATION CITY OF TOWN W.Chester	Chester	Pa.

DHMH - 16 60M 7/84 (VRA 15, 4) Howard K. McComas III, Abingdon, Md. 21009

250 DATE REC'D BY REGISTRARI 256 REGISTRARIS SIGNATURE

Section 1

206144	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 REG. N	. 2	0 2	3 5
85		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	U.S. THE	26 HOUR
oge deot		Lulo		Mae	M	AYES		070		1258 #
or. p	3. SE.		4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	ONTHS DAYS	HOURS MIN.
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4 92 94		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY C			
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s offer	1	ALLSTON	(IF NOT IN SU	JON GE	ADDRESS)		School T			ton Board
24 hour	130. 5	AL RESIDENCE (IF NURSING HOME O TATE TO COU	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 130 CITY OR TOW Houston	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 2020 Wich	zip code	of Edu	Tx.77004
MARYLAND ed within 24	PLFA	THER'S NAME FIRST Will	MIDDLE	Turman		15 MOTHER'S MAIDEN NA FIRST Minnie	MIDDLE		Gandy	
Me cond condicol		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR			==00.
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ertificate ng physic bonpape removal		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSI IMMEDIA					any Har	UST	BETWEEN O	MATE INTERVAL DINSET AND DEATH
PRESTON the death c emove cork emove cork emotion, or er troumotic		Conditions, if any, which	DUE TO, C	DR AS A COASEQUE	TEM	I				•,
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RDS, 20 equires in signed Then pla r to buria	NO	PART 2 OTHER SIGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TER/	winal disease or con	DITION GIVE	N IN PART 110	,
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the rottending physicion. Wher this certificate has been signed to sthe burnal-transit permit. Then plea th and Mental Hygiene prior to burnal, orked or them 18 shifters any injury, or a	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
IAN: TI physicial physicia		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH DA		214 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	PI I OR PART ?)	
ONO HYSIC ding ding Menta or Her	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED		OF INJURY	19	21t LOCATION				
Offen of the street of the str	WEI	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
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Spritol STOR for u		saw the deceased alive a obave, (1) (we) (did) (did)	U view the body	after death	, 00	nd that in (my) (our) opinion	death occurred on the d	ate and hour		
OR A he how DIREG		22b, SIGNATURE	hua	~		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [7]	Blace	SHED
D HOSFIT, Suined by O FUNER) Only the d	N.	Maning J	J HOC	very		220 ADDRESS POURTO	600 lt	Spron	or	
799999	23a. I	URIAL, CREMATION, REMOVAI SPECIFY) Burial	236 DATE			EMETERY OR CREMATORY North Cemet	ery Hot	uston.	Texas	STATE
DHMH - t6 60M 7/84 (VRA t5, 4)	. 1	INERAL DIRECTOR	1 Hame	LADDRESS (SVILL	M 3 2 2 9 9 3 2	TE REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATI	JRE .



requires that

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etoined by the hospital or attendi

OR ATTENDING PHYSICIAN:

TO HOSPITAL

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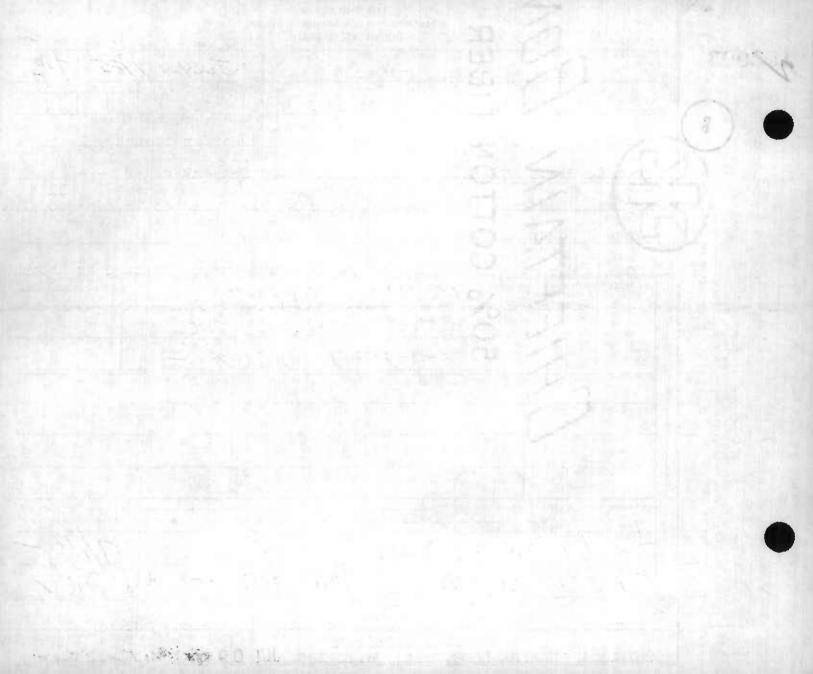
STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYGIENE

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OFDEATH	MONTH	DAY	YEAR	Tak HOL	ID I

	1-	STATE REGISTRAR		0	Vil			ICATE OF DEATH	8	REG. NO	. 2	0 2	3	5
	DEC	EASED NAME	FIRST		MIDDLE		- (AST	2a DATE OF		MONTH	DAY YEAR	26 HO	UR 10
1			John	We	ldon	Ha	ywa	ard		ULY	1,1	183	1/	AM
-	. SEX		No.	4. RACE	3945	5.		OF BIRTH	6 AGE INY	EARS LAST BIRT	HDAY)	MONTHS DAYS	-	R 24 HRS
N	1	Male		Cauc	asian		3-1	10-1893		92	YRS.	MONTHS DAYS	HOURS	MIN.
1		THPLACE (STATE C	R FOREIGN	76 CITIZEN OF		NTRY? 8			9 BALTIMO		11101	Y OF DEATH		
1		Martilan	7	USA			MARRIEI VIDOWE	D NEVER MARRIED DIVORCED D	ш	rford	Co	ın+		AAD
7	Maryland III CITY OR TOWN OF DEATH			11. NAME OF		URSING I	HOME C	OR OTHER INSTITUTION	120 USUAL	OCCUPATIO	N	125 KIND	OF BUSIN	ESS OR
ı	**		Canno	The second second	ICH FACILITY, GIVI			. II.ama		K FOR MOST OF		IFE) INDUSTR	1	
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а		FIRST	77.3	MIDDLE	AJ	st		FIRST		MIDDLE		1	AST	
4	4- 10/	Joseph AS DECEASED EVE		rd Hay	166 SOCIA	LCECUDIT	V NIO	Mary Kimm	ney	ADDRES	2.0		NF 1	
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1		underlying cau	se last.	(c)		TI	1	1013	SEZ	JE				
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a												
	5													
0	CERTIFICATION	90 DATE OF OPER	ATION	196 CONE	ITION FOR V	VHICH OP	ERATIO	N WAS PERFORMED	200 AUTO	DP5Y?		S, WERE FIND		
	E								YES 🗌	NO	4	ES 🗌	NO [
٦	8	TIO ACCIDENT WAS L	_	21b. TIME	OF INJURY	H DAY	VEAD	21c HOW INJURY OCCUR	ED (ENTERNA	TURE OF INJUR	Y IN ITEM 10	PART I OR PART 2]	-	
	A.	OR CONTRIBUTING	-	in .	.M. MONTI	n DAI	19	DOMESTIC STATE						
1	MEDICAL	11 INJURY OCCU		21e PLACE	OF INJURY			211 LOCATION		CITY OR TOW		COUNTY		STATE
1	2	WHILE NOT ALV	WHILE O	AT HOME S	TREET, FACTORY, C	OFFICE FARM	ETC)	STREET		CITY OR TOW	VIN	COUNTY		SIAIE
		220 I certify that		tal) attended t	he deceased	fram		. 19	to			10	, that (1) ((we) last
1		saw the dece	ased alive on			19	, an	nd that in (my) (our) opinian o	death occurre	d on the do	te and ho		, ,	,
1	1	7h/5iGNATURE	(did) (did no	t) view the bod	y after death		-	DEGREE	,4				SIGNED	
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4	4	MA PRYSICIAN'S	NAME LIVERO	P PPINT)	yn	C. Ar		PHYSICIAN C	PHRECTOR	☐ PHYSIC1	AN	11/1	10	
1		TAN	74	-MO	NA	141	1	Horre de	DM	SCI,	, M	42	107	8
T	23a. Bt	IRIAL, CREMATION	N, REMOVAL	236. DATE		23c. NAA	AE OF C	EMETERY OR CREMATORY	23d LOCA	ATION OR TOWN		COUNTY		STATE
		Burial		7/3/	185	Ga	arde	en of Faith	I	Balto	. Mc	3		
1	24 FUI	NERAL DIRECTOR			97.0	5. Be	lai	r Rd 250 DATE	E REC'D. BY R	EGISTRAR 2	56. REGIS	TRAR'S SIGNA	TURE	11533
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DHMH - 16 60M 7/84 (VRA 15, 4)



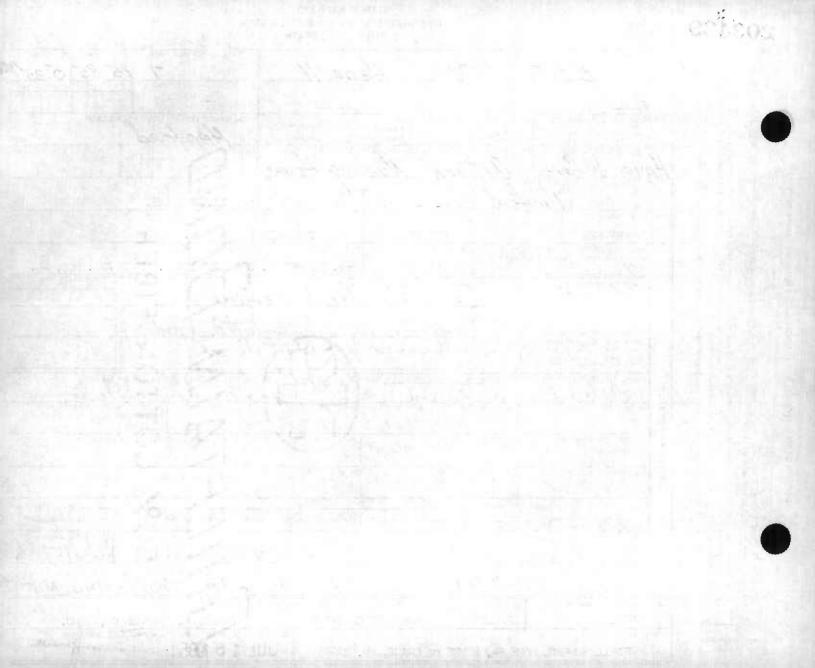
DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

JUL 1 6 1985

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE in muraion- Handatt



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH. REGISTRAR 219030 FIRST DECEASED NAME 20 DATE KNOWN 26 HOUR ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS HICHCOK 31 Allen DEATH MATED JAMES 19 85 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR 6:36 PM LAST BIRTHDAY) PRONOUNCED Nov. 28,1966 DEAD 19 85 18 Male White 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X U.S.A. Harford County WIDOWED DIVORCED Maryland ID CITY OR TOWN OF DEATH Fallston Fallston General Hospital Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 135 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD. 2120 Havre de Grace YES NO 1 3966 Wilkinson Rd., 21078 Harford Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Carolyn Wilmer Hitchcock Louise Brewer Clarence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DINFORMANT HAVE de Grace, MD, 21078 C.W. Hitchcock, 3966 Wilkinson Rd., (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATEST 220-98-0216 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Thoraco-abdominal trauma IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔀 NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR AM MONTH DAY YEAR UNDERLYING OR 7-31- 19 85 Operator of motorcycle/auto collision. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 755 @ Winters Run, Edgewood, Harford, MD road X 22a I certify that I took charge of the remains described above, held on Inquiry and in my opinian Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8-1-85 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME AFTER BALTIN Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION Aug. 3.1985 Havre de Grace, Harford, MD Buria1 Angel Hill Cemetery 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Tarring Funeral Home, P. A., Aberdeen, MD, 21001-33 (VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 AGE (IN YEARS LAST BIRTHDAY)

26 HOUR

IF LINDHIR 1 YEAR DAYS

9. BALTIMORE CITY OR COUNTY OF DEATH

Harford County LITYPE OF WORK FOR MOST OF WORKING LIFE! Homemaker

126 KIND OF BUSINESS OR INDUSTRY

19 Wendslow Road, 21093

NO X 15 MOTHER'S MAIDEN NAME

YEAR

MIDDLE Marquardt

Henry C. Hirschmann, 19 Wendslow Rd.

21093

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

YES [

NO [

IN CERTIFYING CAUSES OF DEATH?

and that in (my) opinion death occurred on the date and hour and from the causes stated 72c DATE SIGNED

> ATTENDING DIRECTOR PHYSICIAN

23e, BURIAL, CREMATION, REMOVAL 1236. DATE

Burial

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem.

23d LOCATION Timonium

CITY OR TOWN

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

Martin D. Lawson, 10 W. Padonia Rd. 21093

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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. Fig. . colle : more all a de l'elle paul l'est l'elle l'elle.

riscina...son, L. M. et oni etc. 21075 of the etc.

Saturation Forms Harry Way and American State of the Samuel State

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A.J

STATE OF MARYLAND FOR

KATHLEEN

- STATE REGISTRAR DECEASED NAME

Female TO BIRTHPLACE ISTATE OF FOREIGN North Carolina

1 SEX

DEPARTA	CERTIFICATE OF DEATH	SIENE SIG. NO. 2	0 2	40
WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR 🛦
(nmn)	HORN	July 4, 1985		10:15 A
ACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
White	oct. 5, 1923	61 YRS	MONTHS DAYS	HOURS MIN.
ITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Harford County	7	MD.

	Bel Air	(IF NOT IN SUC	ch facility, give street address)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING Housewife	LIFE) INDUSTRY
ř	USUAL RESIDENCE HE NUR	ISING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)			
į	Maryland	Harford	Bel Air	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	
	14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
f	Walter	Harrison	Smoot	Ila		Burchette
	160 WAS DECEASED EVER	LIE YES GIVE WAR OR DATEST	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	21014
	no	www.	218-72-3675	Edward J. Ho	orn, 525 Robinson	St. BelAir,
						AND DO VETTO AND ADDRESS OF THE PARTY OF THE

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one cause per line for (a, (b), and (c). BY: E CAUSE (a) Metastatic Carcurate of the breat	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause a stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	

22		for four myself			
L'A	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
-	All the second second	and the State of the Land		YES NO	YES NO
5	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	214 HOW INJURY OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated

abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 221 DATE SIGNED

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 7-5-85 22e ADDRESS

7620 Tack Asl Serpick MD

230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) STATE

Bel Air Memorial Gardens, Bel Burial

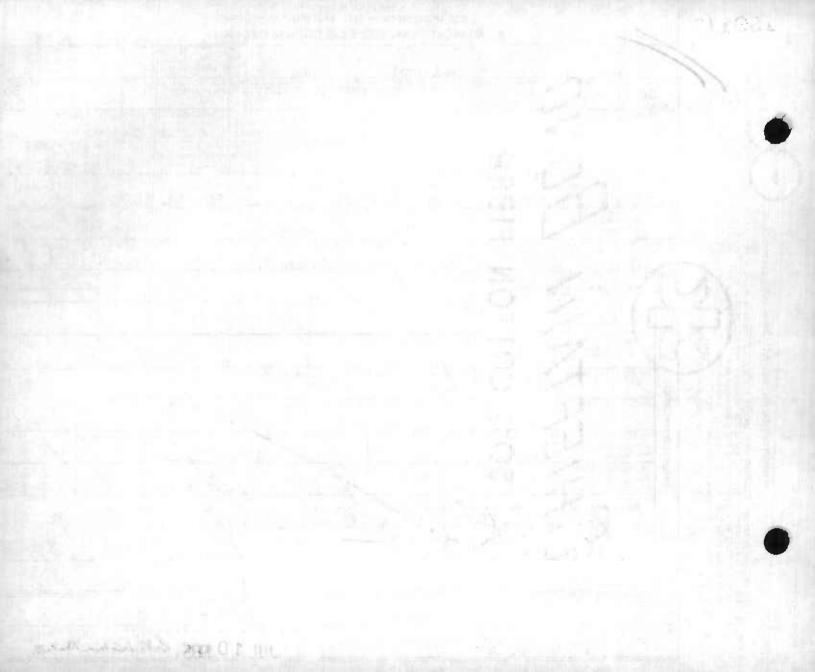
Howard K. McComas III. Abingdon, Md. 21009

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND 150117 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 20 DATE KNOWN ASED NAME OR PRINTS OF ESTI-19 85 7-3 Hull Pau] R.ichard IF UNDER 24 HRS. 2c. DATE 85 a. LAST BIRTHDAY PRONOUNCED May 19, 1919 White 66 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) Harford County, U.S.A Virginia WIDOWED & DIVORCED 126 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 10 CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Harve De Grace 45 Pine Street US Goyt. Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Un STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Harford Havre de Grace YES NO X 45 Pine St./21078 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Hubert Hu11 Bertha Helmick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21001 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWII 235-05-3380 Richard E. Hull. 619 Law Street Aberdeen M 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun Wound of Chest IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTQPSY? (body only) 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 UNDERLYING XXOR 7-3 19 85 CONTRIBUTING CAUSE OF DEATH subject shot himself 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX 47 Pine St., Harve De Grace, Harford Co., Md Home EXECUT THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTMORE, MARYLAND. (body only) Autopsy XX 22a I certify that I took charge of the rema, Inspection and in my apinian Suicide XX Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7-3-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Monterey, Highland, Virginia Removal/Burial July8, 1985 Monterey Cemetery 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Tarring Funeral Home, P. A., Aberdeen, MD, 21001-3399 (VR A15 ME (5))



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	STATE OF MARYLAN
FOR	DED A DYMENT OF HEALTH AND M

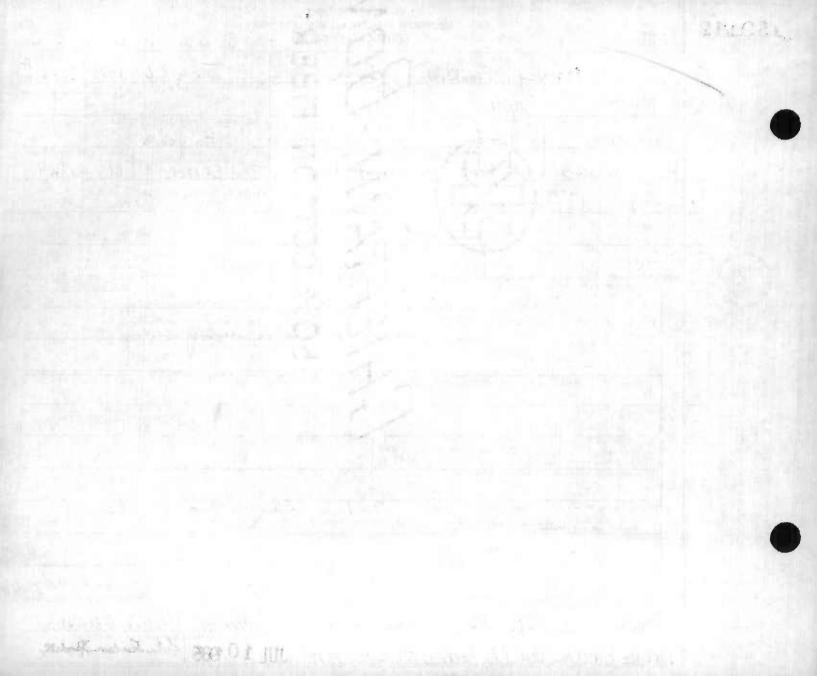
STATE OF MARYLAND,
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIF	ICATE OF DEAT	H	8	REG. NO.	2	0 2	hos	die
i		EASTERNAME	FIRST	` A	MIDDLE	U	A\$1		2a. DATE OF D	EATH MO	ONTH D	AY YEAR	26 HOUR	- C
4	-	Owner Delia	Harve	4 F	ronklin		Ivens	200		Planc	6	1985	6:4	6 M
	5. SEX		4. R/	ACE		5 DATE C			6. AGE (IN YEA	RS LAST BIRTH		IF UNDER 1 YEAR	# UNDER 2	4 HRS
ı		Male		White		July	1°, 19	12	73	3	YRS	DATS	HOOKS	ent p.v.
	7a. BIR	THPLACE (STATE OR I	FOREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARR	tED 🗆	9 BALTIMORI	CITYOR	COUNTY	OF DEATH		
-	(1)	ela ware	/	4.5.	A	WIDOWE				Hart	E10	-		MD.
00	Ho		roa	HOY F	or a M	address)	of Hosp	ION .	120 USUAL OC TYPE OF WORK F			126 KIND C INDUSTRY	F BUSINES	SOR
	U5UA 13a S	L RESIDENCE (IF NURS	136 COUNTY	R INSTITUTION.	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LI	MITS?	13e.STREET AD					
	1000	yland	Harford	d	Aberdeen		YES 🗶 NO			int Ro	yal I	Ave. $/21$	ر001	
	14 FA	THER'S NAME	MIDDL	LE	LAST		15 MOTHER'S MAI	DENNAM		MIDDLE		LAS	T	
		Harry		car	Ivi		Edna					Stever		
		AS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SECU		17. INFORMANT			ADDRESS ADE	rdee	n,MD,	21001	
		NO			214-03-	7318	Elizabet	h Sc.	hantz,	+4 Moι	int Re	vayı n	v C . ,	
		18 CAUSE OF DEAT PART I. DEATH W			line for to), (b), on	dicio	0000		E10,91	00	1-	BETWEEN	MATE INTERV ONSET AND D	EATH
	100	2.0	IMMEDIATE CA	AUSE (0)	ven	10 Cc	Cur ar		Ca w	Class	100			
		6 10 11		DUE TO, OF	R AS A CONSEQU	ENCE OF	000	dil.	11:	las;	1/20	3		
		Conditions, if any, gove rise to imr	mediate	(b)		pay	memer	su a	8 and	un ce	days.			_
		underlying cause		DUE TO, OF	R AS A CONSEOU	ENCE OF			/			11000		
		PART 2. OTHER SIGN	NIFICANT CON	DITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE	OR CONDI	TION GIVE	EN IN PART IO	0	
	ON													
į,	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	20a AUTOP			, WERE FINDIN		
,	RTIF									NOD	YES		NO 🕞	
H		21a. ACCIDENT WAS UNI		216. TIME O HOUR A.	f Injury M. Month D	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTERNATU	RE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)		
	CAI	(IF EITHER NOTIFY MEDI	CAL EXAMINER)	P./		19			X					
	MEDICAL	21d INJURY OCCUR		21e PLACE O	OF INJURY EET, FACTORY, OFFICE, I	FARM ETC }	211. LOCATION STREET			CITY OR FOWN	4	COUNTY	STA	ATE
		AT WORK AT WO	RK -				7	d. C	~	7	m.	0.0		
		22a I certify that (1) saw the decease	ed alive an	M.	- E, 19	PE on	nd that in (my) (aur)	apinian d	leath accurred	on the date	e and hour		that (we causes stat	
		obove, (I) (wh) (c	did) (did vie	w the body	afterBeath.	01	DEGREE		14-11-11-1	- 1		22¢ DATE		_
		put	fh	22	afel	den	ALC ATTEN	IDING	MEDICAL DIRECTOR	STAFF				
		22d. PHYSICIAN'S'N	AME (TYPE OF PRIN	VT)	500	0 10	22e ADDRESS	CIAN C	- DIRECTOR Z	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1		A	/
		Mis. S	SHARA	7F E	- C- VOE	A-NE	P. 0	, 8	ox g	35	Edg	ewood	* ma	2104
	23e. B	URIAL, CREMATION,	REMOVAL 23	B DATE	23c	NAME OF	EMETERY OR CREM	ATORY	23d. LOCAT	ION RIOWN M	1	COUNTY.	STA	ATE
	-	BURIAL	J	427 9,19	185 (51	POYE HR	ESBLITERAN		HBERD	6EN.)	PARFOR	RD, MAR	PLANS	
	24 FU	INERAL DIRECTOR	V.1	Λ.	A ADDRESS			250 DATE		GISTRAR 25	b REGISTR	PAR'S SIGNAT	URE	0
	A	IRRING TUNE	CRAL MM	ME.P.A.	HEFREED	MD. 2	1001-3399	JU	LIUK	985	Y CO TOLOR		1-10-00	7

DHMH - 16 60M 7/84 (VRA 15, 4)

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MAPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar ather traur



(VRA 15, 4)

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and Mental Hygiene

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MPORTANT:

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MARYLAND 2120

BALTIMORE,

PRESTON ST.

RECORDS

DIVISION OF VITAL

oward

STATE OF MARYLAND

MENT OF HEALTH AND MENTAL HYGIENE				
CERTIFICATE OF DEATH	8	REO NO.	2	0

1 - STATE REGISTRAR	DEPARIA	CERTIFICATE OF DEATH	8 RED. NO. 2	0244
1. DECEASED NAME LIPER (TYPE OR PRINT)	Stump	JoHUSON	20 DATE OF DEATH MONTH T	11 1985 3 AM
3. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Fenale	white	July 30, 1919	65 YRS	MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Virginia	U.S.A.	WIDOWED DIVORCED	No.	tarford MD.
10 CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	121 KIND OF BUSINESS OR
Havre de Grace	(IF NOT IN SUCH FACILITY GIVE STREET	In Hospital	Housewife	Home
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13c CITY OR TOW ORD JAPPENS	ADMISSION) 13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODE	

USUAL RESIDENCE () 130. STATE Hd.	13h COUN	ITY 1	Jarus VIII		DE CITY LIMITS?	13e.S
14 FATHER'S NAME		20000		15. MOTH	ER'S MAIDEN NA	AME

15. MOTHER'S MAIDEN NAME MIDDLE LAST

nnie 17 INFORMANT

MIDDLE Grace ADDRESS Smith

166. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? [YES NO OR UNKNOWN] (IF YES GIVE WAR OR DATES)

Johnson

above same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Conditions,		
couse (o),		
underlying	couse	

19a DATE OF OPERATION

CONSEQUENCE OF arme C

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a	ACCIDENT WAS UNDERLYING
OR	CONTRIBUTING T CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY P.M

YEAR 19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

20a AUTOPSY?

STATE COUNTY

NOT WHILE AT WORK AT WORK

21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)

22e ADDRESS

211 LOCATION

STREET

CITY OR TOWN

that (1) (we) lost my) (our) opinion death occurred on the date and hour and from the causes stated

NO F

saw the deceased alive and

220.1 certify that (1) (this haspital) attended the deceased from

18 CAUSE OF DEATH (Enter only one couse per line for 10)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

CERTIFICATION

MEDICAL

23a. BURIAL, CREMATION, REMOVAL 236. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Cremator

STATE

BP.

FUNERAL DIRECTOR

0

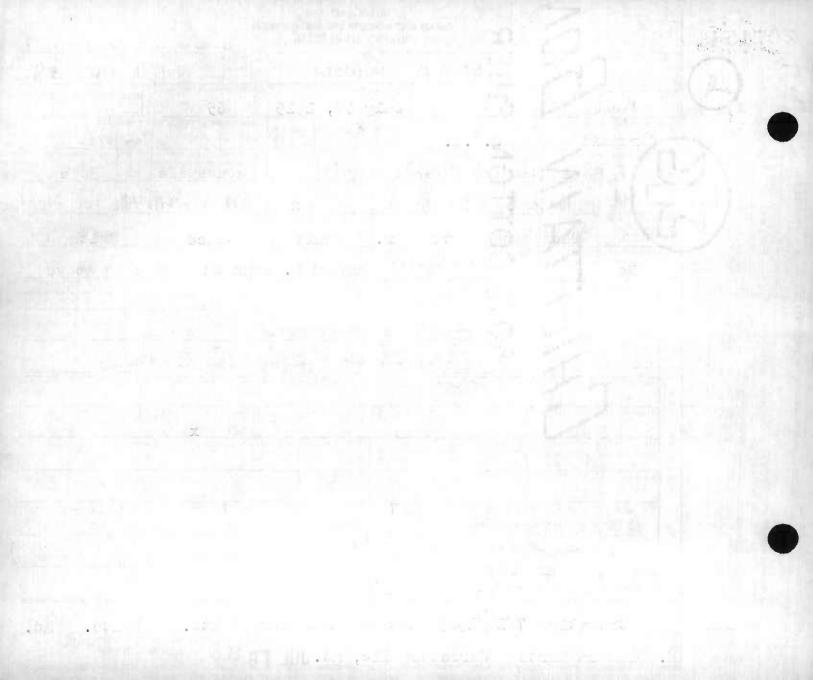
24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

Gladden Kurtz

Cremation

Md. Jarrettsville.

250. DATE REC'D. BY REGISTRAH 156. REGISTRAR'S STONATORED



STATE OF MARYLAND

30	1	FOR STATE		DEPARTM	LENT OF H	EALTH AND MENTAL HYC	GIENE			1
	1.	REGISTRAR			CERTIF	ICATE OF DEATH	B RED N	0. 2	0 2	4 3
d		CEASED NAME FIRST	N	AIDDLE	1	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
11	{ I YPE	MARIS	3	P.	KE	ARDEY		07 1	9 85	149 #
	3. SEX		RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		F	W		3	18 96	89	YRS	ONIHS DAYS	HOURS MIN.
6		CHNITRY		WHAT COUNTRY?	8 AA A PRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
Ŀ	Fa	Ilston, Md.	U.S.	A.	WIDOWE		LARFOR	DOL	Tunt	MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND C	F BUSINESS OR
		PALLSTON	PALLS	10D 68	SERA	L HOSPITAL	Retired		Veter	ans Adm.
Æ		AL RESIDENCE (IF NURSING HOME OR C		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
1		MD Har	tord	Fallsto	20	YES NO 🔀	2436 Frien	dship	Rd. 2	21047
1	14 FA	THER'S NAME	ODDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	1
7		Frank	A.	Kearney		Emma	В.		nith	
1		VAS DECEASED EVER IN U.S. ARN	NED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	55 2436	Frien	dship Rd
				219-34-16	64	Miss Dorothy	M. Kearney	,Falls	ston, Mo	1.21047
	M.	18 CAUSE OF DEATH (Enter only		in for (a), (b) pine	1/2	P PP.	1. 1.11	A >	BETWEEN	MATE INTERVAL
	100	PART I. DEATH WAS CAUSED IMMEDIATE		Viet. Ho	en	o Cocon	infiga	eme		
	1		DUE TO, OF	R AS A CONSEQUE	NCE OF	Litt Lynner	natic St	nead		
		Conditions, if any, which	(b)_	<i>a.</i> .	1	Carl gray	24			
		gove rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	MCE OF	seller !	wood	1 71	1	
		underlying couse lost	(c)	17.	SCU	DE Chr	. Afrial to	mila	oron,	
	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
i	9									
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
	RTIF						YES NO	YES		NO 🗌
a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PA	RT 1 OR PART 2)	
ľ	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P./	М.	19					
	MEDICAL	214 INJURY OCCURRED	21e PLACE C	OF INJURY EET FACTORY OFFICE FA	ARM ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	_	AT WORK AT WORK						100		
		22a certify that (1) (this hospita	ol) oftended the	deceased from	M	and 19 80	1. 10 mg	90	9 4	that (1) (we) last
	100	saw the deceased alive on above, (1) (we) (did) (did pat	view the body	ofter death.	, 01	nd that in (my) (our) apinion	death occurred on the de	ate and hour	and from the	couses stated
		226 SIGNATURE	1.1001	T. 3		DEGREE	Auspieu eru		22c. DATE	
		14km	Myw	und	ML		MEDICAL STAI	IAN	-	19-85
		224 PHYSICIAN'S NAME TYPE OF	A A TT			22e ADDRESS	to Ol For	Orter :	and2	1845
		MUKLI	1414	UIL		1505 Tous	in 19, al	F. / / V	-	1)

DHMH - 16 60M 7/84 (VRA 15, 4)

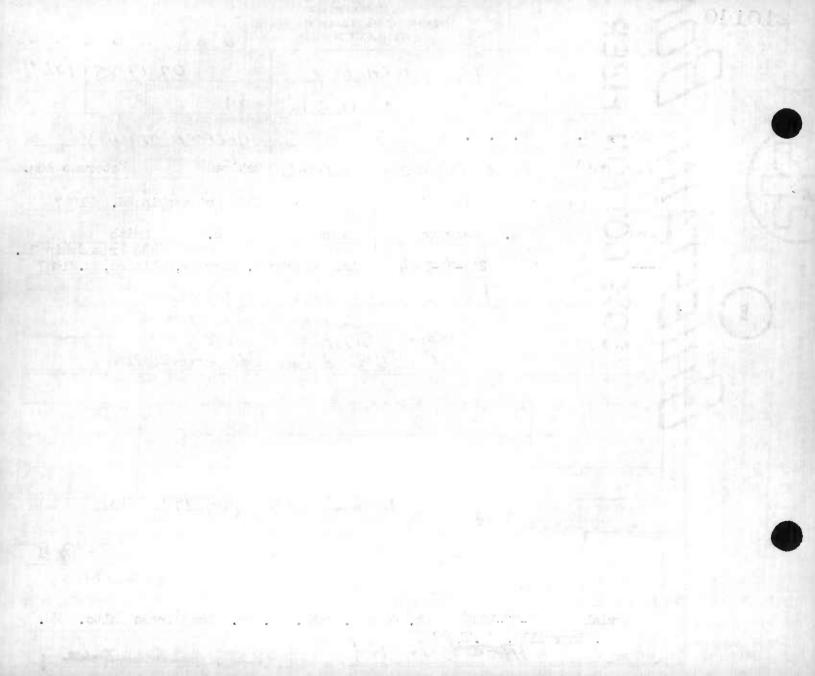
MPORTANT: If he

(SPECIFY)

Burial

230 BURIAL, CREMATION, REMOVAL 23b. DATE 7-22-1985 231 NAME OF CEMETERY OR CREMATORY St. John R. Cath. Ch. Cem.

rid LOCATION
Cem. Long Green Halto.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	₩G. NO.	2	0	2	Ent	1
43	MEG. NO.	-	146			

25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S S

	'	REGISTRAR				CERTIF	ICATE OF DE	ATH	8	G. NO	, 2	0	2	Con	0
		CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF	DEATH /	MONTH	DAY YE	EAR	2b. HOU	
	(11.7	OK PRINT)	Ralp!	h		K	urtz		July	y 18	8.	1985	5	5:00	0 %
	3. SE	Х		4. RACE		5. DATE O			6. AGE (IN YE	ARS LAST BIRTI	HDAY)	IF UNDER I	T YE AR	IF UNDER	
	_	Male		Cauc	asian	Sep	1 7 0	1884	100		YRS.	MONTHS	DAYS	HOURS	MIN.
	7a Bl	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8			9. BALTIMOR	E CITY OF		Y OF DEAT	TH		
7		Pennsyl	vania	U.S	. A.	WIDOWE	D NEVER MA	RCED		Ha	arfo	rd			MD.
		ITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSI	NG HOME			12a USUAL C	CCUPATIO	N	12b. KI		BUSINE	
/	-	Magnoli	a	1111	Hanson Hanson		d		Mail		rier			tal	
É	ÜSU	AL RESIDENCE IF				RE ADMISSION)	113d INSIDE CITY	/ LINUTCO	13e STREET A						
Z	1	Marylan		ford		Hill		10 M	2418	Roc.	ks R	load		210	50
7		ATHER'S NAME		WIDDLE			15 MOTHER'S M								
1		Adam	Eb	augh	Kurtz		Eli	zabe	th	MIDDLE		Thom	LAST	on	
1		VAS DECEASED EV		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRES	SS				
	· ·	YES, NO OR UNKNOWN)	(IF YES, GIV	YE WAR OR DATES)	212-28	-685	Glen	na Ku	rtz	sam	e as	s ab	ove)	
		18 CAUSE OF DE	ATH (Enter or	nly ane cause per	line for (a), (b), ar	nd (c).1						BE 1	PPROXIM	NATE INTER	VAL
		PART I. DEATH		D BY. TE CAUSE (a)	CARDIN	1- PV	LMON	ARY	A-TER	EST	_				
			***************************************		R AS A CONSEOU			-							
		Conditions, if o		(b)_	CANCER		WNG	DIZ	MARZ	4					
		gove rise to couse (a), st		DUE TO O	R AS A CONSEOU			(
		underlying co			CANCE		PROST	TATE	PRi	MAV	24				
		PART 2 OTHER S	IGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE	OR COND	ITION GI	VEN IN PA	RT Ito		
	CERTIFICATION	ISCH	Emile	1489	RT DIS	EAS	6								
1	CA	19a DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	MED	20a AUTO	PSY?		S, WERE F			
	E				•				YES 🗌	NO		ES 🗌	.0323	NO [
9		210. ACCIDENT WAS		21b. TIME C		AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTERNAT	URE OF INJUR	Y IN ITEM 18	PART I OR PA	RT 2)		
	₹ S	LIF EITHER NOTHEY A		ATH.		19	_								
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY	FARM FIC)	211 LOCATION			CITY OF TOW	/N	COUN	ITY	S	TATE
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Gladden Kurtz III Jarrettsville, Md. U

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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0321,8	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE RED. NO.	20247
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Glen Haven Mem. Park Glen Burnie A.A.

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23c NAME OF CEMETERY OR CREMATORY

Howard K. McComas III, Abingdon, Md. 21009

236. DATE

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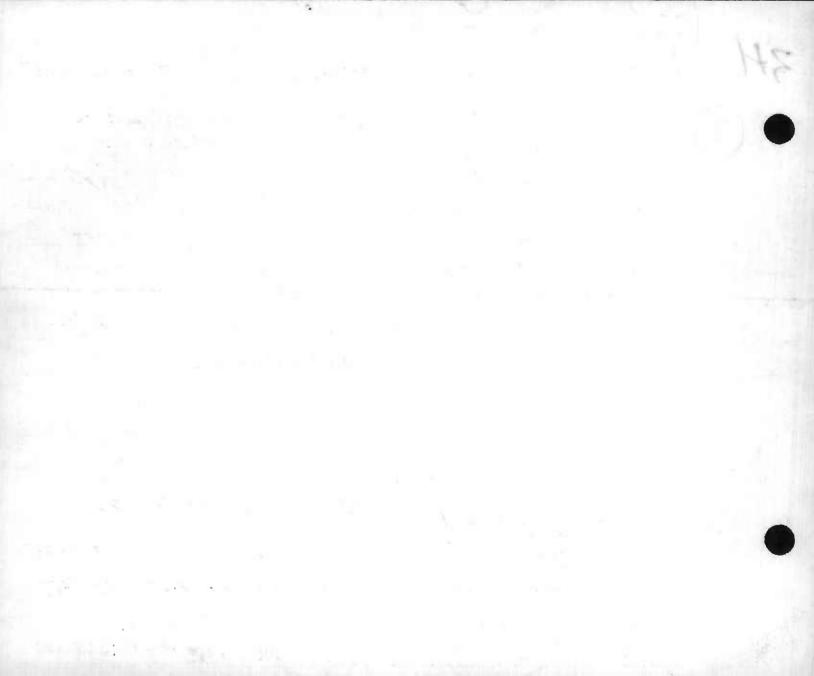
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sow the deceased alive an		MEC				FFICE, FARM ETC)				ITY OR TOWN		COUNTY	
sow the deceased alive on 7-7 19 \$5, and that in (my) (our) opinion death occurred on the date and hour and from the cau above, (I) (we) (did) (did) not) few the body after death. DEGREE MD ATTENDING ATT			AT WORK AT WORK		1	11	102			-	2	07	
DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 221. DATE SIGNATURE 122. DATE SIGNATURE 123. BURIAL, CREMATION, REMOVAL PHYSICIAN DATE 123. BURIAL PHYSICIAN DATE 123. BURIA	50				ottended the deceased f	600	a labelia (mu)		, to				, that
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Burial 7/6/85 Holly Hill 1314 LOCATION Balto., Md.	/		70		KKK MI)	•	1708				.>(0/\	. טויק	210
	-			MOVAL					23d. LOCATH	NC NWO		COUNTY	
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Schimunek Funeral Home postinc.					ad. Balto.		21236	JU	LUST	00	F. 1 3 1 2 11	will son	-1/-



STATE OF MARYLAND

	1 - STATE REGISTRAR	DEPAK	CERTIFICATE OF DEA	TH	53 za,	2 0	2	50
	1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH ↑		YEAR 2b	b HOUR
1	(TYPE OR PRINT) Willia	m H.	Lyall		July	13 19	85	5:55 M
1	3 SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAY BIRTH		T YEAR IF	FUNDER 24 HRS
	Male	White	July 4	1909	76	YRS.	DATS H	OURS MIN.
ò	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED X NEVER MAR	RIED -	BALTIMORE CITY OF	COUNTY OF DE	TH	
1	North Carolina	United States	WIDOWED DIVOR	RCED 🗌	Harfor	d		MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITU		12a USUAL OCCUPATIO		STRY	BUSINESS OR
9	Havre Se GRACE USUAL RESIDENCE LIF NURSING HOME OR		norial Hospita		Repairman	F	Railr	oad
3	130 STATE 13b COUN	NTY 13c. CITY OR TO	OWN 134 INSIDE CITY		3e STREET ADDRESS /		- /	1
	Maryland Har	rford Darling	gton YES NOTHER'S M	A IDEN NAM	4136 Flint	ville Roa	$\frac{1d}{21}$.134
1	FIRST	MIDDLE LAST	FIRS	ī	WIDDIE		LAST	
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	(YES, NO OR UNKNOWN) I IF YES, GIV	VE WAR OR DATES) 218-05-	-11685 Pearl I	. T.wal	L1 4136 Fli	Darli ntville E	ngto	n, MD
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	Si India Date of OPERATION	198 CONDITION FOR WHIC	CH OPERATION WAS PERFORM	ŧυ		IN CERTIFYING C	AUSES OF	F DEATH?
4	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121¢ HOW IN TUE	RY OCCURRE	YES NO	YES		NO 🗌
	OR COLUMNIC CAUSE OF OR	ATH HOUR A.M. MONTH	DAY YEAR		Territorie or moon			
H	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION					
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC) STREET		CITY OR TOW	N COU	NIY	STATE
		ital) attended the deceased from	7/9	19 85	, to	3 19 8	5 , the	(I) (we) lost
	saw the deceased alive on above, (I) (we) (did) (did no	ot) view the body after death	85, and that in my lou	r) opinion de	eath occurred on the do	e and hour and fro	om the cou	uses stated
	226. SIGNATURE	11	DEGREE			100	DATESIC	GNED
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	1,0013 0	Transiella	1.0.00		3 S. WASHIN	6101051, F	MIKED	t 046,191/21
	23a BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CRE	MATORY	23d LOCATION CITY OR TOWN	COUNT	1	STATE
	Burial 24 FUNERAL DIRECTOR	7/16/85	Conowingo Bapti		Conowing			MD
	AT TOTTERAL DIRECTOR			ZJU. DATE	ALC D. DI KEUISIKAKIZ	JU KEUISIKAK 55	UNATUR	T

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Nem 21 is marked or Item 18 shows ony injury, or other traumatic event, the

John H. Harkins 600 Main Street Delta, PA

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DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

21229

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

250 DAL PECP. BY REGISTRAR'S SIGNATURE

Wang to # 3515 B 31 T , --

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

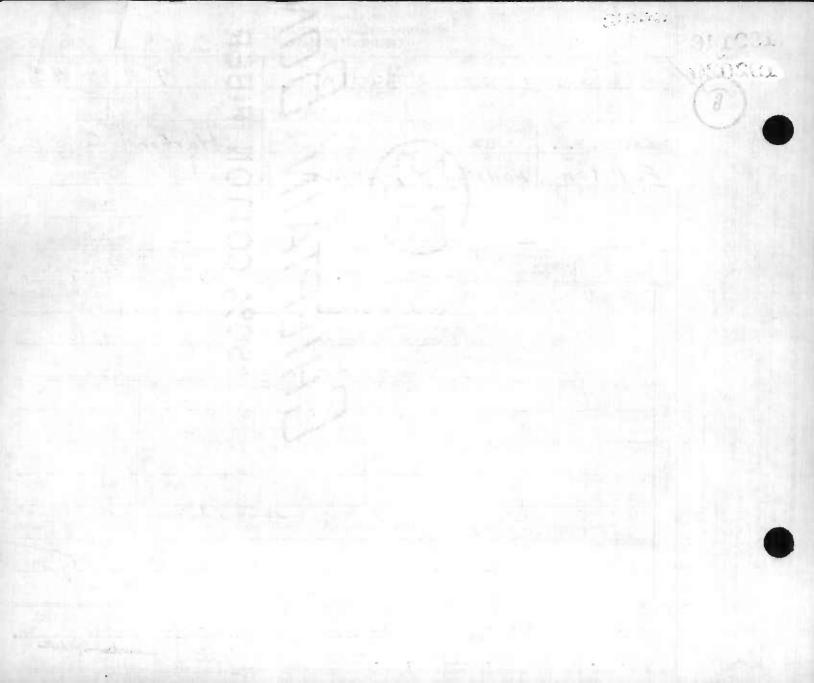
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.	2	0	2	5	K
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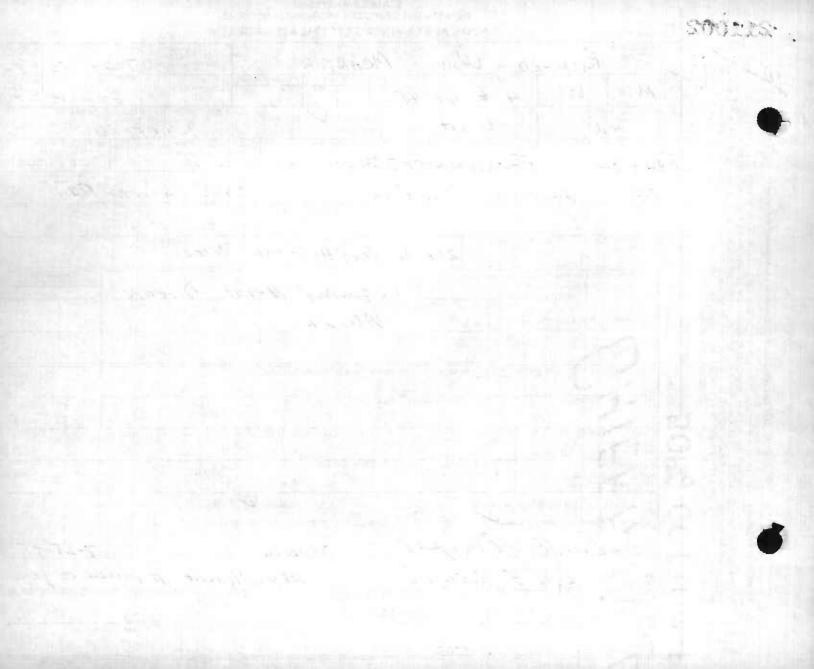
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1	3. SEX			RACE	1010	5 DATE O			AGE (IN YEARS LAST BI	IRTHOAY)	IF UNDER I YEAR	IF UNDER	
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9	0	RTHPLACE (STATE OR S			WHAT COUNTRY?	8 MARRIE	D X NEVER MARR	IED 🗇	BALTIMORE CITY	OR COUNTY	OF DEATH	Ti.	
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	1	Fallsto	h	Falls	Toh GE	nooress)	, //		Mechanic	OF WORKING LIFE			33 OK
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	14 FA	THER'S NAME	м	NODLE	LAST		15 MOTHER'S MAI		MIDDLE		LAS	r	
)		Phillip			Martin		·	herir		-	Harrin	gton	
		VAS DECEASED EVER	(IF YES GIVE	WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT	n Vot	tlebar, 1	210		Ton	ma Mõ
i		Yes	I WW		143-03-01		MILS. HETE	en ket	LIEDAL, I	00 Let1		MATE INTER	
		PART I. DEATH W	AS CAUSED	y ane cause per BY. CAUSE (a)	line for (a), (b), and	Now	OLIA IST				BETWEEN	INSET AND	DEATH
			IMMEDIATE		R AS A CONSEQUE	NCE OF	Δ						
	13	Conditions, if ony,		(b)	Von		lon Robot	Aller	w		176	up	
		cause (a), statin underlying cause	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF	Aven	4 A	i Mais				
	NO	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	I AL DISEASE OR COM	ndition give	N IN PART 110)	
7	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	D	20a AUTOPSY? YES NO NO		WERE FINDING CAUSES		H?
		21g. ACCIDENT WAS UND	CAUSE OF DEAT	77	M. MONTH DA		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT OR PART 2)		
	MEDICAL	21d INJURY OCCURE	RED	21e PLACE (19	21f LOCATION STREET		CITY OR TO	OWN	COUNTY	5	TATE
		AT WORK AT WO	RK			- Basel	L,					-	
ŀ		sow the decease abave. (1) (we) (c	ed olive on_	7 Fort	19 8	, oi	nd that in (my) (aur)	0	oth occurred on the c	date and haur		that (O(v causes sta	
ij		226 SIGNATURE	6				DEGREE	IDING	MEDICAL STA	AFF	22c DATE	SIGNED	
4		22d PHYSICIAN'S/NA	AME ITYPE OR	PRINT)		1	PHYSI	ICIAN Z	DIRECTOR PHYSI	CIAN	1 her	Cer S	5
		H	arrit	els			-	11				,	
		URIAL, CREMATION,		236 DATE	23c. N	AME OF C	EMETERY OR CREM	ATORY	23d LOCATION		EQUNITY		TATE
		Burial		July 10	,1985 Bel	Air	Memorial	Garde	ens. Bel A		arford	51	Md.
		INERAL DIRECTOR		-				250 DATE		R 25b. REGISTR	AR'S SIGNAT	iffole 80	-
	Н	loward K. N	riccoma	s III,	Abingaon,	MICI.	21009	002	0 0 1303	(V			

DHMH - 16 60M 7/B4 (VRA 15, 4)

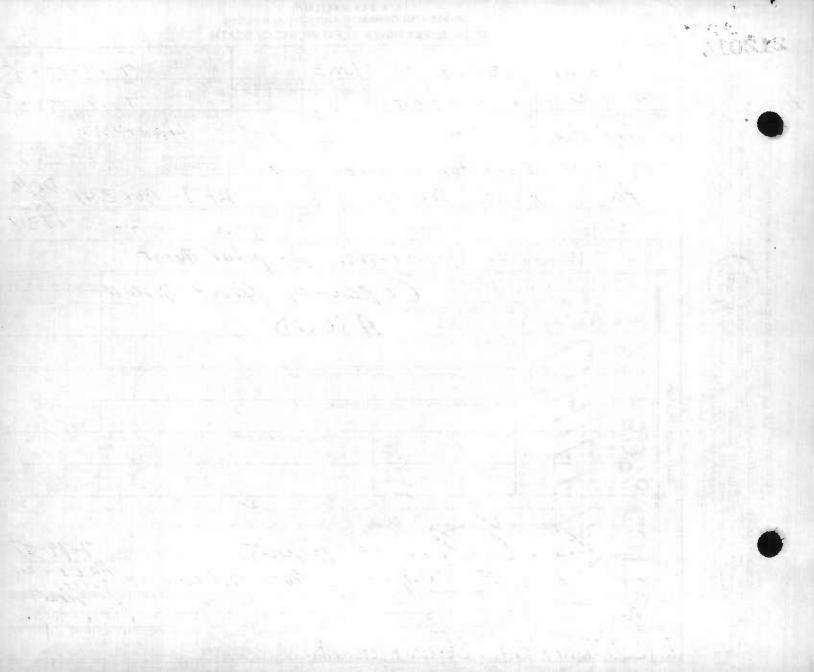
IMPORTANT: If hem 21 is



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN (TYPE OR PRINT ESTI-DEATH MATED - 1983 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD YRS 9. BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY MUL DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Office Manager Ins. Finance 13a STATE 13. STREET ADDRESS 13d. INSIDE CITY LIMITS? MD. 2120 YES [NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF VIT MIDDLE MIDDLE LAST M . Grace Penn 17. INFORMANT SECURITY NO (YES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 214-36-8062 HOSPITAL Yes 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CORONARY Heart Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ASUVO Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, (YES NO 🗌 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion Natural couses death resulted from: Homicide L Undetermined monner TITLE (SPECIFY) PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, V BALTIMORE, MA 464 alliance st Hame de EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION REMOVAL 23b. DATE 23d LOCATION SPECIFY' STATE 7-27-85 Jarrettsville Burial Jarrettsville BP. Balto. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Leonard J. Ruck, Inc. 5305 Harford Road 1SM 7/77



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTImc C DEATH MATED HUBERT A. AGE (IN YEARS | IF UNDER 1 YR. SEX IF UNDER 24 HRS. 2c. DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED U. VIRGINIA ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Government edera! 13a. STATE 13 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Blaine Roberts McClure Myrtle WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Korean War 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection 2 and in my opinian death resulted from: Notural couses Suicide Homicide Undetermined monner AGE 4 SHOOF ALL DIF SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY SPECIFY) Stewartstown Cemeterv Stewartstown, York, 24. FUNERAL DIRECT 250. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE DRMH® 17 (VR A15 ME (51) 15M 7/77



STATE OF MARYLAND

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DATE OF	DEATH MON	TH D	AY	YEAR	2b HOL	IP -
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	RS LAST BIRTHDAY	1	IF UNDER	1 YEAR	IF UNDER	24 HRS
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053	REGISTRAR		CERTIFICATE OF DEATH	8 ABG. NO	2025	
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	AL RESIDENCE (IF NURSING IC	DAE OR OTHER INSTITUTION GIVE RESIDENCE BI				-/-
為6 130	111 - 12	COUNTY 130 CITY OR T		13e STREET ADDRESS	EVIEW DR 2	191
E70, 14 F	ATHER'S NAME		15. MOTHER'S MAIDEN N			-
-	EORGE F.		IICH IDA	LouisE	5mitH	
	WAS DECEASED EVER IN U.	ES GIVE WAR OR DATEST		ADDRE	SS	1
XL	NO -	219 - 3	4-0942 KAIPH	MEARS	(SAME AS 1:	3
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matic		DUE TO, OR AS A CONSE	QUENCE OF -	00000		
tron	Conditions, if ony, which		roucery wis	magnis		
ther	underlying couse to	DOL TO, OR AS A COINSE	QUENCE OF			
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N N		tes molitica	TO DEATH BUT NOT RELATED TO THE TE	KMINAL DISEASE OR CONI	DITION GIVEN IN PART TO	
8 shows ony injur	190 DATE OF OPERATION	- according	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS U	SED
FE				YES T NOT	IN CERTIFYING CAUSES OF DE	ATH?
3 8	210. ACCIDENT WAS UNDERLYIN	IG 7 216 TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR		
	OR CONTRIBUTING CAUSE					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXA	MINER) P.M. 21e. PLACE OF INJURY	19 211 LOCATION			
ME	WHILE TO NOT WHILE T	AT HOME STREET FACTORY, OFF		CITY OR TO	VN COUNTY	STAF
DE L	AT WORK AT WORK	hospital) attended the deceased fro	7- 4 8	5 7 -	4 85	4 1
2	sow the deceased of	ve on		on death occurred on the do	te and hour and from the causes	
E	22b SIGNATURE	lid not) view the body ofter death	77 DESPEE		22¢ DATE SIGNE	
± ±	met the	arapeld	ATTENDING	MEDICAL STAF	F	
Z	228 PHYSICIAN'S NAME	- 14	77e ADDRESS			
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should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

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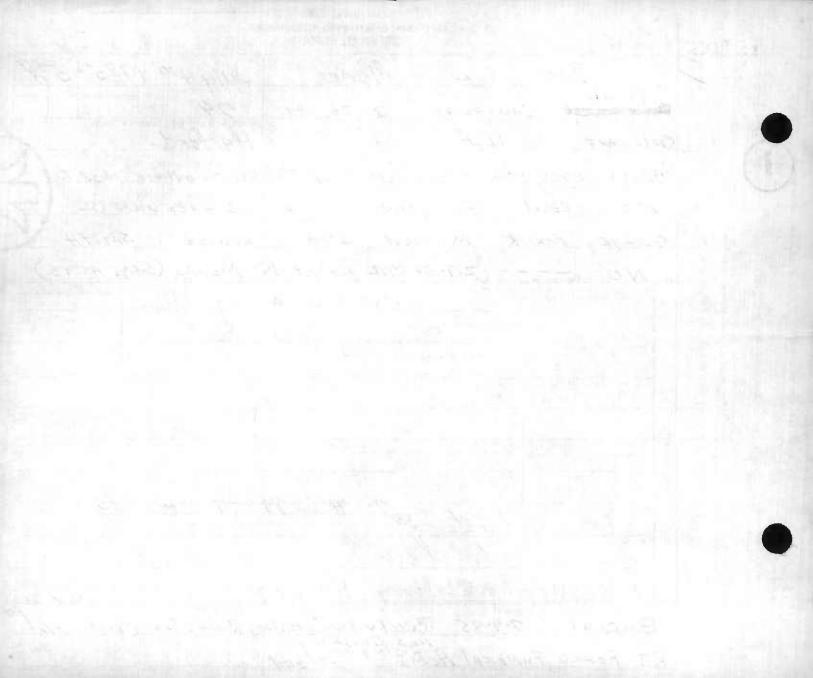
DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE

FOR

23d LOCATION
CITY OF TOWN
RISINS

BURIA 24 FUNERAL DIRECTOR FOARD



203440

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2b HOUR TYPE OR PRINT MARGARE 6 AGE (IN YEARS LAST BIRTHDAY) JE UNDER TYEAR IF UNDER 24 HRS Female White TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Brooklyn, New York USA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 176 KIND OF ITYPE OF WORK FOR MOST OF WORKING LITTLE INDUSTRY Child Care Center SUAL RESIDENCE (IF NE GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Harford Maryland Joppa 214 Magnolia Road 21085 15. MOTHER'S MAIDEN NAME A FATHER'S NAME Thomas Knight Gmehle Joseph Dorothy M. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Lombard, Ill. 60148 (YES, NO OR UNKNOWN) 218-40-0222 2S205 Valley Road Mrs.Doris . Gebbia. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) And (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA CERTIFICATION PONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [YES [21a. ACCIDENT WAS UNDERLYING THE OF INJURY MONTH DAY OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA THE PHACE OF INJURY COOKET STATE CITY ON TOWN (A) HOME STREET FACTORY OFFICE FARM ETC. NOT WHILE 220.1 certify that (I) (this hospital) attended the saw the deceased alive on saw the deceased olive on abave, (I) (we) (did) (did not) view the bady of apinian death accurred an the date and have and from the causes stated DEGREE 22c. DATE SIGNED MADENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 236 DATE Burial STATE July 18,1985 Post Cemetery Edbewood Arsenal Harford 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/B4 (VRA 15, 4)

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REGISTRAR I. DECEASED NAME

MALE

O CITY OR TOWN OF DEATH

EDGEWOOD

(YES, NO OR UNKNOWN)

UNC

Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last

I DATE OF OPERATION

21d INJURY OCCURRED

WHILE NOT WHILE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

IIII. STATE

MEDIC

24_ FUN

IA FATHER'S NAME

TO BIRTHPLACE ISLATE OR FOREIGN

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MARCORD

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a

18 CAUSE OF DEATH (Enter only one couse per line to) at, ib', and ic

MIDDLE

136 COUNTY

WHITE

76 CITIZEN OF WHAT COUNTRY?

182-8 JOHN DB

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

bady alter death

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

LAST

EDGEWOOD I

166 SOCIAL SECURITY NO

213-07-8818

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

STATE OF MARYLAND

MONTH

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NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

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METZGER

MARRIED WEVER MARRIED

17 INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

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13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

PARTMENT OF HEALTH AND MENTAL HYG	IENE					
CERTIFICATE OF DEATH	8	REG.	NO	2	0 2	5
LAST	20 DATE OF	DEATH	HINOM	DAY	YEAR	26. HOUR

LIN YEAR LAST BIRTHDAY

BALTIMORE CITY OR COUNTY OF DEATH

-STEEL

13e.STREET ADDRESS / ZIP CODE

MIDDLE

ADDRESS

1828 JOHN

E UNDER LYEAR

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IF UNDER 24 HRS

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COME WOR DREAM WOLLD'S	onsit permit. Then pla	Hygiene prier to bunk	THE ARM NO ASSESSMENT OF
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CELTIFICATE NOT DREET HOUSE	unal trainit permit. Then pla	Aerital Hygiene prior to bunk	hear 12 divine and indicate of
IN CONTINUOUS FROM DOCUMENT HOUSE	burial fromit permit. Then pla	Mental Hygiene prior to buric	As here 12 officers were leading as
THE CONTRICTOR WAS DREAM THE PER	e buriol trainst permit. Their pla	d Mentol Hygiene prior to burie	Age have 12 offered east include a
THIS COUNTY ONE WOR DEED HOUSE	the buriol trainst permit. Then pla	and Mentol Hyguene prior to burie	and an home 15 official man initial of
NATURAL CONTINUOUS PROPRIES HIGHER	i the buriol fromit permit. Then pla	sand Merital Hygiene pries to burie	dead on how 12 disease and labour of
ACTION THE CONTRICTOR NOT DIGITAL HIGHER	or the burial trainit permit. Then pla	th and Merital Hygiene prior to burie	bedied on bear 12 distant and interes of
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A ACTION THIS CONTINUE HOLD DREAM HUNDER	use of the burial fromit permit. Then pla	epith and Mental Hygiene prior to burio	a married and he was Till allowed and include of
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CAL ACTE THE SECTION OF THE POST DEPT HUNDER	ar use of the burial trainst permit. Their pla	of Health and Merital Hygiene prior to burio	11 to marked on how 12 diam's and interest of
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TO DAY MUST THE SECTION FOR MOST DESCRIPTION	of for use or the buriol trainst permit. Then pla	of Realth and Mental Hygnene prior to burio	at 31 to marked on hear 12 allows out to the
MALL CAN ARRY THIS SHELLINGER FOR DREAT THE PLAN	hed for use os the buriol trainst permit. Then pla	ept of Health and Mental Hyguene prior to burio	and the same of
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AN UNITED ION ARM THE SHARK NOT DECT HOTEL	etoched for use os the burial trainsit permit. Then pla	the Dept of Health and Mental Hyguine prior to burio	7. If he as 31 to manufaction have 12 Manual and latitude of
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THAT DIRECTOR AND THE COUNTY OF THE PART HOLD OF	e detoched for use os the buriol fromit permit. Then pla	State Dept of Health and Mettal Hygiene prior to burio	AMY 16 hours 21 to manifest on how 75 allows one interest of
MENTAL CHARLE CAN ARRA THIS COURT AGO DIVERT HIGHER	be detached for use or the burial transit permit. Then pla	e State Dept of Health and Meutal Hyguine prior to burio	TABLE 15 harm 71 to manifest on home 725 allowed some interest of
CALSAL CHALL ON ADM THE CHARLOCK NOT DEED THEFT	dibe detoched for use or the burial transit permit. Then pla	the State Dept of Health and Mental Hygiene prior to burio	MITABLE 16 hours 31 to marked on home 12 Spent sont include of
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CALLES CHARLE ON ARRY THE CHARLOS HOLD DEPT HOLD OF	ould be detached for use or the burial trainst permit. Then pile	th the State Dept of Realth and Mental Hyguine prior to burio	SOUTH AND SECURE AND SECURE AND ADDRESS OF THE PERSON OF T
CALLES AND CONTROL OF STREET AND CONTROL OF THE PERSON OF	should be detached to use as the busial training permit. Their please remove carbon papers. Pages, Tugod 2 should have a few often	with the State Dept of Health and Mental Hyguine prior to burial, cremation, or remarkd.	MADOUT ANY OF SALES TO SECRETARY SECTION AND PROPERTY AND ADDRESS OF SALES AND ADDRESS OF SAL

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

URLAL		JULY	31	1985
VERAL DIRECTOR	Ulay.			
NAME	-			ADI

220.1 certify that (1) (this haspital) attended the deceased from

DEGREE

211 LOCATION

STREET

23d. LOCATION CITY OR TOWN ETASTWOOD

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NON

and that in (my) (aur) apinian death occurred an the date and have and from the causes stated

CITY OR TOWN

22c DATE SIGNED

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES |

NO T

STATE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1 . . . AND THE RESERVE OF THE PARTY OF B LANGE TO BE THE PARTY OF THE ed.a.r Mileton I'm a new mar coal Gill mitaly produce the survivor STATE OF THE STATE

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STATE OF MARYLAND

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

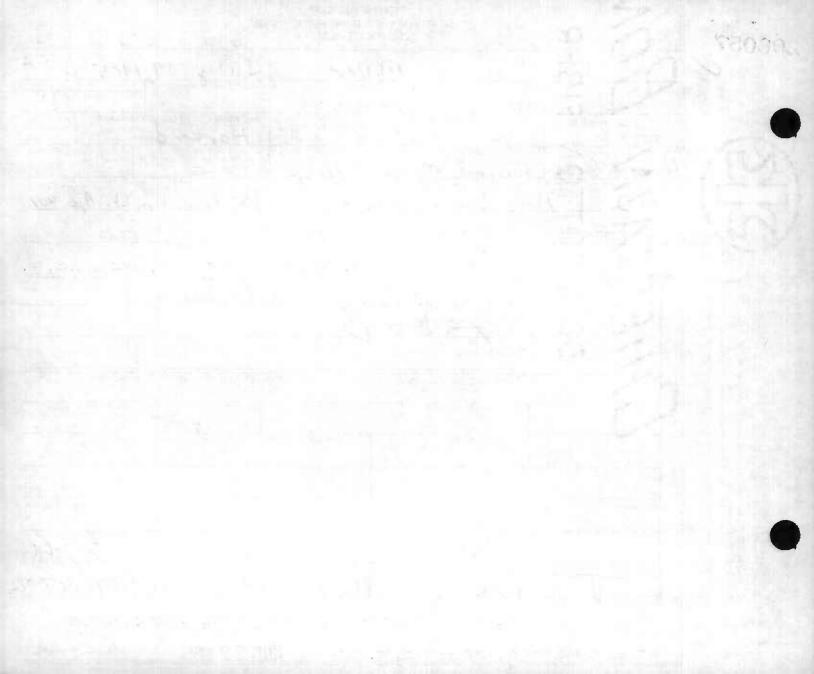
-	REGISTRAR				CENTIL	ICAIL OI DEATH	() (I) G. 1	NO C	U	2 0
	CEASED NAME	FIRST 2		WIDDLE	100	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	2h HOUR
(1111	COMPRINT	L04	NMN		111.	'ller	July	19.1	985	11-
3. SE	X		4 RACE	-	5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY) IF	UNDERIYEAR	IF UNDER 24 HR
	FEMALE		ORIENTAL		JANU	ARY 15, 1909	76	YRS	INTHS DATS	HOURS MI
	IRTHPLACE (STAT	E OR FOREIGN		WHAT COUNTRY	/? 8		9 BALTIMORE CITY		F DEATH	
	RUSSIA		USA		WIDOWE	D NEVER MARRIED .	Harl	and.		,
10 0	ITY OR TOWN OF	DEATH	11. NAME OF		ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS C
11	reuse di	CHA CO.	IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	11/	TYPE OF WORK FOR MOST HOMEMAKER		INDUSTRY	
	IAL RESIDENCE (IF			GIVE RESIDENCE BEFO		A Mesco.				01070
1 la	M D	13b COU	TA	13c. CITY OR TO	1 1/	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS	ZIP CODE	SI A	21078
14. F.	ATHER'S NAME		1.11	Naure o	e Grac	15 MOTHER'S MAIDEN NAM	145.01	arm	Q1. //	pc. 10
)	FIRST	IMATSU	MIDDLE	YAMAZAK	/T	FIRST SHIGE	MIDDLE	V	(OSAKA	r
160	WAS DECEASED E		RMED FORCES?	16b SOCIAL SEC		17 INFORMANT	ADD	RESS	USANA	
	(YES NO OR UNKNOWN		VE WAR OR DATES)	213 36 9			A1C PATTERY	חסדער אַ	VDE de	CDACE I
-				-	1 1	MRS. TAE MORGAN	416 DATTERY	DRIVE, HA		
	PART I. DEAT	EATH (Enter of H WAS CAUSI	nly one couse per ED BY.	mellar (a), (b), a	and fill	- 1:	-table	1.6	BETWEEN	MATE INTERVAL ONSET AND DEAT
			TE CAUSE 10)	000	1-14	ung C/W	reasea			
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	Conditions, if	ony, which	(, ,)	X15 8	50	T.			1.77	
	gove rise to	immediate) ",-,	4						
	underlying c	toting the	DUE TO, O	R AS A CONSEQ	UENCE OF					
			(c)							
z	PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 1:0	,
CERTIFICATION	19a. DATE OF OP	EDATION	TION COND	ITION FOR WHIC	'H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120h JE VES N	WERE FINDIN	ICS USED
FICA	148. DATE OF OF	ERATION	148 COMD	ITION FOR WHIC	.H OPERATIO	IN WAS PERFORMED		IN CERTIFY!	NG CAUSES	OF DEATH?
E			2 20 20 5	E h / W / DV		Tat How blury occupa	YES NO X	YES		NO 🗌
	210. ACCIDENT WA		216. TIME C	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T I OR PART 2)	
CA	(IF EITHER NOTIFY	based		M.	19					
MEDICAL	21d INJURY OC	CURRED	21e PLACE	OF INJURY	F FARM EIC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
2	AT WORK	T WORK								
	220.1 certify the	it (1) (this hosp	ital) attended th	e deceased from		, 19	, to	19	·	that (It (we) I
	sow the de	ceased alive or	ot view the body	After death, 19.		nd that in (my) (aur) opinion o	death accurred on the	date and hour a	and from the o	couses stoted
	226. SIGNATURE		7 1	2000	1	DEGREE			220 DAK	SIGNED /
		A	1 X	ee	1	ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN [1/	120
	22d. PHYSICIAN	S NAME ITHE	freeze /		-	22e ADDRESS	1 . 1	0 1	11	(1)
		MI	10	0		1/11/01/ M	led Cl.	nuc 1	torno	10 GH
23a	BURIAL CREMATI	ON REMOVAL	1236 DATE	1 77.	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	10-1	poo j x	700
230	(SPECIFY)	OIT, KEMOVAI					CITY OR TOWN		COUNTY	STATE
24 5	BURIAL UNERAL DIRECTO		22JULY8	7 1	HAKE UKU	MEMORIAL GARDENS		IARFORD CC		
4 7	NAME			ADDRESS		25a. DATI		F. F. I	-	UKE
	MITCHELL	FUNERAL I	HOME PA. H	AVRE de GE	RACE. MO	. 21078	III 22 10RE	y week	west of some	- Mundall

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the buriol-troats peen signed by it should be detached for use as the buriol-troats permit. Then please is with the State Dept. of Health and Mental Hygiene prior to burial, are IMPORTANT: If them 21 is marked or them 18 shows any injury, or other

TO FUNERAL DIRECTOR After this certificate has been



STATE OF MARYLAND 212092

EP	ART	MENT	0F	HEALTH	AND	MENTAL	HYGII
		CE	RTI	IFICATE	OF	DEATH	

DEPA	CERTIFICATE OF DEATH	S SREG. NO. 2	0 2	5 9
_	Miller	July 20, 198		12:57
	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS

1. DECEASED NAME FIRST	MIDDLE	Miller	July 20, 1985	DAY YEAR	26. HOUR	1
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24	Н
FEMALE	Mhite	JANUARY 20, 1903	82 YRS	NONTHS DAYS	HOURS A	Μ
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH		Ī
North Correling	U.S.A.	MARRIED NEVER MARRIED WIDOWED NORCED	Harford Count	1		
10 CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND O	F BUSINESS	5
Bel Air	BETAIN NUTSING & CO		Housewife		maker	-

13e. STA	repland	HAT FORD CO.	BEL ALC	YES NO		Mac Phail	Road	2-10
14. FATH	ER'S NAME FIRST	WIDDLE	Woody	15 MOTHER'S MAIDEN NA	AME	MIDDLE	Lor	
YES.	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		mrs, Lucille M	-	HIP MAC BEL Air	maryland	3101
							APPROX	KIMATE INTER

	CAUSE (a) CARDIO-PULMONARY ARREST	BETWEEN ONSET AND DEAT
Conditions, if any, which gave rise to immediate couse (a), stating the undelying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) PARXINGON'S DISEASE DUE TO, OR AS A CONSEQUENCE OF	

DEMENTIN							
196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	20a AUT	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
	,		YES 🗌	NON	YES		NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	214 HOW INJURY OCCURRED	D (ENTERN	ATURE OF INJUR	LY IN ITEM 18 PAI	RT OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STAT

WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY, OFFICE, FARM		STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive an	of) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	and that	n (my) (🍑) apinio	n death occurred an the date on	, 19, that (I) (last and have and from the causes stated
27b. SIGNATURE		DEGREE			72c DATE SIGNED
10	todio.	W.D.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	July 20,1985

My pouro.	PHYSICIAN DIRECTOR PHYSICIAN
PHYSICIAN'S NAME (TYPE OF PRINT)	22e ADDRESS
1 21 7 7 1 2 1 1 1	- A

		19) 31 = H3(01 0 HG	10 m 1 1 10 ct 1 (11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION
(SPECIFY)	7.4. 25 1995	moders Ford Courter	CITY OR TOWN

DHMH - 16 60M 7/B4

(VRA 15, 4)

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MEDICAL CERTIFICATION

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			ALT IAS	W. S. W. L. S. L.
	zustri. Ar		1921 S	
From M. S. L.			F	

STATE OF MARYLAND 212128 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE LAST 2n DATE OF DEATH LTYPE OR PRINTS MOORE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR 1900 84 Female White August TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY United States Maryland HARFORD WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home HAVRE de GRACE CITIZENS NURSING HOME USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 2630 Dublin Road/21154 Harford Street Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE G. Nelson Whiteford Louisa Barton ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. I YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) J. Arthur Moore 2630 Dublin Road Street, No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NOF 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF MEDICAL P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attaggle the deceosed from sow the deceosed alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22c DATE SIGNED DEGREE ATTENDINGY MEDICAL DIRECTOR PHYSICIAN MPORTANT NAME ld b 0 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OF TOWN STATE 7/26/85 BP Burial Walters Mem. Jarrettsville Harford MD Cem 24 FUNERAL DIRECTOR Julia Davidson-Randell DHMH - 16 50M 4/83 John Harkins 600 Main Street Delta, PA (VRA 15, 4)

DE DOC TO THE REAL PROPERTY OF THE PARTY OF No. 10 colos colos colos of the off agency, and agency of the contract of the contract

	1.	FOR STATE			DEPART	MENT OF H	E OF MARYLAN	NTAL HYG	IENE		0 0		7 1
13021	1 DE	REGISTRAR CEASED NAME	FIRST		MIDDLE		FICATE OF DE	AIH	2a DATE OF DE	ATH MONTH	DAY YE	AR 2b HC	0 1
-7		ORPRINT) Mar	tha	C.	1	-	issey		Le DAIL OF DE	7	27 8		33 Am
76	1. SE	Female		1 RACE W	nite	5. DATE (YEAR 15	AGE (INYEARS	YR	MONTHS C	YEAR IF UND	DER 24 HRS
		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MA	RRIED	9 BALTIMORE	Harfor		Н	MD.
182	1	allston		11. NAME OF	HOSPITAL, NURSIN ICH FACHLITY, GIVE STREET TON CENE	ADDRESSI	Hospita	1	120 USUAL OCI (TYPE OF WORK FO	R MOST OF WORKIN		ND OF BUSI	INESS OR
-3	2 134	ND	136 COUN	imore.	GIVE RESIDENCE BEFORE 13t, CITY OR LOW Lansdown	'N		10 🖈	130.STREET ADD	RESS / ZIP CO	1 10	1 212	27
(B) 3	9	ATHER'S NAME FIRST		MIDDLE	William	5	15 MOTHER'S A			IDDLE	Wolf	LAST	
		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	21501 3		Mr. J		Andrew	ADDRESS	overof		21014 Rel Air
g physicion paper removal.		18 CAUSE OF DEATH PART I. DEATH W.		ly ane cause pe D BY: E CAUSE (o)	er line far la) (b), an	diac	anne					PPROXIMATE IN WEEN ONSET A	
the attending remove carbo emation, or re er troumatic e		Conditions, if any,	which	_	DR AS A CONSEQUI	ENCE OF	onany	emb	oli c	Hypen	tener 2	-da	y
that d by leose iol, cr		couse (a), stating underlying cause	g the last.	(c)_	DR AS A CONSEQUI	17	Ermin	01	tenation	: Ka	a	few	months
n signe Then p to bur	TION	PART 2 OTHER SIGN			V								
The law riction. te hos bee sist permit rigiene priori	CERTIFICATION	190 DATE OF OPERAT		st.	The state of the s	OPERATION	22			OD IN CE	YES, WERE FI RTIFYING CAI YES	USES OF DE	EATH?
YSICIAN: The		21a, ACCIDEN WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR	MONTH D	AY YEAR	21c HOW INJU	Tell	ED (ENTER NATUR	OF INJURY IN ITEM	18 PART I OR PAR	H 2)	
offendir offer this as the bus hond M orkedor	MEDICAL	21d INJURY OCCURR WHILE AT WORK NOT WH AT WORK	HE TO	210 PLACE	OF INJURY TREET FACTORY, OFFICE F	ARM ETC)	211 LOCATION	io Oref	f.Dr.	Bel/4;	r count	ford	ind.
TTENDIP putel or TTOR. Al for use of Meolification		22a.1 certify that (1)	d alive on	7/21	19	25.0	nd that in (my) (a	19 Junion o	leath accurred o	n the date and	hour and fran		li (we) last s stated
TAL OR A y the hos RAL DIREC detoched fore Dept		22h SIGNATURE	20071	Chie	P	1,12	DEGREE ATT PH	ENDING :	MEDICAL DIRECTOR []	STAFF PHYSICIAN []	221. [TATE SIGNE	7/85
TO HOSPITAL TO FUNERAL should be det with the State		224 PHYSICIAN'S NA	TIPL	Hong K	thee		1800 HA	rford	Rd. Fic	illston	, ord	/ /	
	23a 8	BURIAL, CREMATION, I	REMOVAL	100000000000000000000000000000000000000			CEMETERY OR CRI	EMÁTORY	23d. LOCATIO	OWN	COUNTY		STATE
BP		JNERAL DIRECTOR		July	29,1985	Park	wood	250. DATE	Balt:	More	GISTRAR'S SIG	Mo	1

24 FUNERAL DIRECTOR
Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

finite . a lied owheat Mr. Johns . Judrews 615 Pagerett Dr. Hel Air South 29, 1987 Authorid Lucaned J. mest Inc. Maitisons, areland

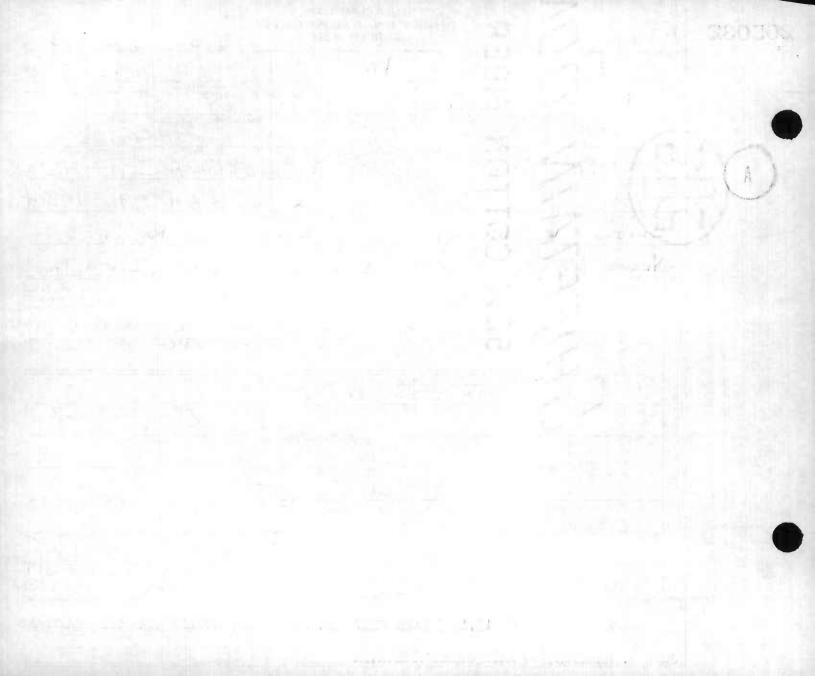
FOR			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

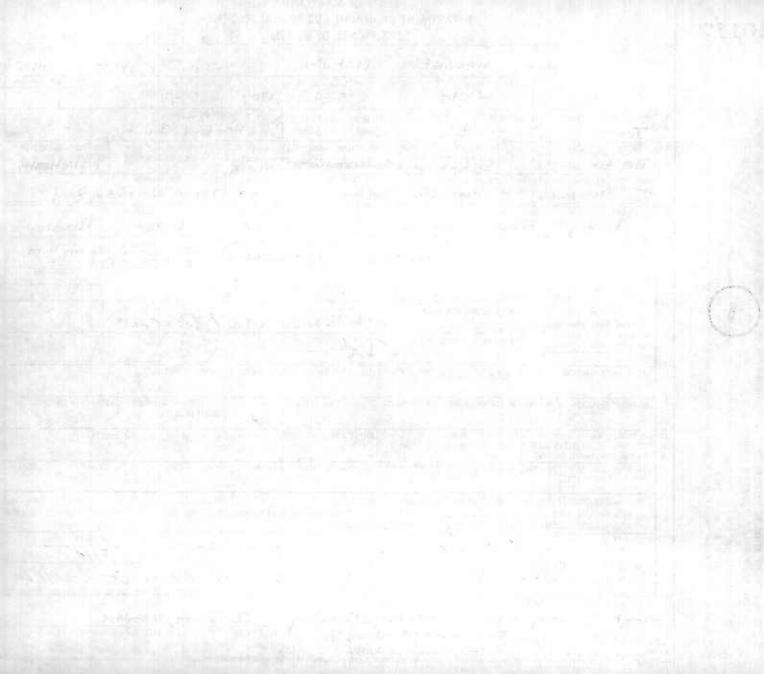
1	- STATE REGISTRAR	CERTIFICATE OF DEATH	B REGINO.	20262
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) WILLIAM EACL	Mundery	20. DATE OF DEATH MONTH	11 85 PM
	3. SEX Male 1 RACE WHITE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	76. BIRTHPLACE (STATE OF FOREIGN) 76 CITIZEN OF WHAT COUNTRY?	MARRIED SEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	MD.
100	HAUSON HOOT IN SUCH FACILITY, CHUE STREET	energy Host	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	5 LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
7	SUAL RESIDENCE II HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE IS STATE COUNTY 131 STY OR TOW	A 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CC	199 98334
1	ELITAH L. MUNCEY	15 MOTHER'S MAIDEN NA.	MIDDLE R	ADCLIFF
2	WAS DECEASED EVER IN U.S. ARMED FORCES? (NE OF UNKNOWN) (RES ONE WAS OR DATES) 236-16-3		Muncey, R.D.3	
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	unowary A	enest	BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	M 110 11	CELL CARE,	Mond 1 YEAR
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 1	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION O	SIVEN IN PART Tro
1	190 DATE OF OPERATION 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M. MONTH DAY 21d. INJURY OCCURRED 21a. PLACE OF INJURY AT WORR AT WORK AT WORK	19 711 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM)	S PART I ORPART 2) COUNTY STATE
	220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on	ond that in (my) (our) opinion	death occurred on the date and h	. 19 that (I) (we) lost lour and from the causes stated
	1274 PHYSICIAN S NAME (THE CEPTING)	ATTENDING PHYSICIAN PARTIES PA	PREDICAL STAFF DIRECTOR PHYSICIAN D FOR FAUST	on reverte
	236 BURIAL, CREMATION, REMOVAL 236. DATE 236. N (SPECIFY) BURIAL JULY 15.1985 L	NAME OF CEMETERY OR CREMATORY AKE VIEW MEM. PARK	23d LOCATION CITY OF TOWN	CARROLL MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) JOHN H. HARKINS, 600 MAIN STREET, DELTA, PA

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH 26. HOUR 1. DECEASED-NAME First Middle Lost HACCET July 20, 1985 (Type or print) NAtwick HELEN 11:05 M F UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR White lost birthday) MONTHS HOURS **LEWHYE** SEPT. 24, 1907 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U.S.A. Harford Count WIDOWED | DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Public HEALLY give street address) , Bel Air Nurse & Constant Content Nurse BEI Ar PRESTON STREET, BALTIMORE, MARYLAND 21201 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER odmission) STATE Maryland 13b. COUNTY Harford Co BEL Are 734 W. Ring Factory Road YES NO X 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Middle ESTER HENCH FrANK NATwick LACUT A Houston 17. INFORMANTBROKER) 877-3513 734 WEST Ring Factory Roard mr. Robert H. Nathwick BELAIR, Maryland 21014 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 220-14-2256-A ma Robert H. NATwick 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _ Ithemic Heart Discore DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) DIVISION OF VITAL RECORDS, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗔 21a. ACCIDENT WAS UNDERLYING [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram. . 19 ____, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22t. DATE SIGNED 22b. 5IGNA# Lew Nowaleows Led DEGREE PHYS. MED. STAFF DIRECTOR PHYS. ANDROW NOWAKACISKI MA 220. ADDRESS 125 N. MAIN ST BOAIRMY 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify) July 23,1985 Druid Ridge CEMETERY Baltimore, maryland 0 50 W. BroadwAPGRESS Williams St. 2 a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M Julia Varidan Rendelle myervice frote BELAir, Maryinud 21014 (VR A15 (4))



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	4401		FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
21	4107		REGISTRAR		MED	ICAL EXAMIN	ER'S	ERTIFICATE	DEATH	REG. N	0 2	6 =	2
	1 /		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	20. DAT	E KNOWN	HTMOM X	DAY YEAR	₹ 26 HOU
5%	NAME OF THE PERSON NAME OF THE P			JAME		OSEPH	PETI		DEA	TH MATED	7-28-	85 19	
1/2	A PERSON	3. SEX		ACE	5. DATE OF BIRTH	YEAR LAST BIRTHO	AY) MONT	DER 1 YR IF UNDER	MIN PRONC	DUNCED	MONTH	DAY YEAR	10.1100
15	ON TOWN		ALE	CAUC.	09 15		RS.			AD	7-28-		11:5
	お発品を開	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY? 1. MARRIED NEVER MARRIED . 9. BALTIMORE CITY OR CO.						_		
	発売に きゅう	MARYLAND 10 CITY OR TOWN OF DEATH			USA WIDOWED DIVORCED Harford COL								WI
	DELAY IS TO THE HIND PAGE OB BE FILED ROS, 201	Joppa USUAL RESIDENCE (IF IN NURSING HOME O			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 301 Trimble Rd. FOR MOST OF WORKING LIFE! SHEET METAL						STEEL STEEL		
. 21201	F AND DELA AND TO SHOULD BE IRECORDS	13a S		HARF	Υ	JOPPA	ON)	13d INSIDE CITY LIMITS?	X301 TI	RESS RIMBLE	RD.	1085 APT 2	B
RE, MD	20 A V O W	14. FA	JOSEPH		MIDDLE	PETNIC		15. MOTHER'S MAIDEN NAME MARY MARY			С	CERÑAK	
BALTIMORE, MD.		16a V	VAS DECEASED EN ES, NO, OR UNKNOWN) NO	(IF YES, GIVE W		21307392		17. INFORMANT ELIZABE	TH PETI	NIC 30		MBLE	RD.
			18 CAUSE OF DI PART I DEATH	WAS CAUSED	one cause per line f BY: CAUSE (a)	or (a), (b), and (c).)	d to	chest				APPROXIMA BETWEEN ONS	TE INTERVALLET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,			Canditions, if any, which gove rise to immediate couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)										
		NO	PART 2 OTNER SIGNIFI	CANT CONDITIONS CO	DATRIBUTING TO GEATN BE	UT NOT RELATED TO THE TERM	IINAL OISEAS	E OR CONDITION GIVEN IN P	ART 1 (a),				
		CAL CERTIFICATION	190 DATE OF OP	ERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPSY? YES X NO	
			210 EXTERNAL C UNDERLYING CONTRIBUTING	XI OR	10:30A	MO71-28-485EA	se se	ow INJURY OCCURRING THE INTERIOR OF THE INTERI	ed (ENTER NATURE O	F INJURY IN ITEM II	B PART 1 OR PART	2)	
DIVISIO	N Z A M L OK	MEDICAL	21d. INJURY OCC WHILE NAT WORK A	URRED OT WHILE X T WORK	21e PLACE O STREET ONTO	FINJURY (AT HOME,	30	1 Trimble	Rd. CITY OF	R TOWN JOP	pa, Ma	myland	STATE
•	TO MEDICAL EXAMINER: THIS CES EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR THE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P.		The second second second	at I took charge		ribed obove, held an Accident , <u>Si</u>	Autop	, Hamicide . TITLE (SPECIFY)	Undetermined	l manner	nd in my opir	-29 - 85	
	CECUTE THAGE 4 SHE		EXAMINER'S NA	Mai	garita A.	Korell,M.		ADDRESS 111 P	enn Stre	eet	SIGNED		
07/84 25M	Bb		URIAL URIAL		8/1/85	MORELAN		EM.	23d LOCATION CITY OR TOWN BALT	0.	COUNT BAI	TO.	MD.
25/41	DHMH · 17 (VR AIS ME (S))	0	Sheral Director	INT	ADDRESS	Claur A	e.	JUL	3 1 1985			Jundale .	p /

Water to the state of the THE SERVICE SHIP STATE

should be det with the State (VRA 15, 4)

DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

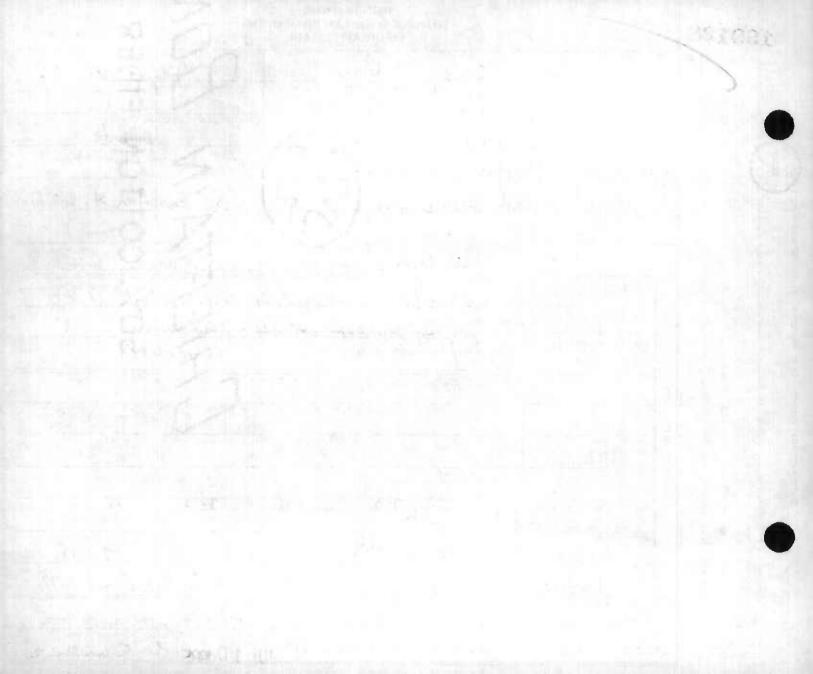
PHYSICIAN

Ridgewood, Queens, New York

MD, 21028

Burial / Removal July 5,1985 Linden Hill Cemetery Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399

DIRECTOR PHYSICIAN



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

DEPARTMENT OF

HEALIH AND	WEN! AL	HYGIENE		
FICATE OF	DEATH	8	SPEG NO	6

Acry	2	0	2	6	1
REG. NO.	Gum			177	

ı		REGISTRAR			CERTIF	ICATE OF DEATH	8 SREG. N	0. La	U 4	0 1	
1			OWARD	ROIH '	Ke	AST REMBOLD	2a. DATE OF DEATH	7 2	7 85	2b. HOU	
1	2 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	IF UNDER 2	24 HRS
1		Male	Whi	te	July	28, DAY 1907 EAR	77	. YRS	NONTHS DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		-
	Ma	gnolia, Md.	US		WIDOWE	DIVORCED	1	10110	OKD		MD.
1		TY OR TOWN OF DEATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		125 KIND O	F BUSINE	SS OR
1	-	llston	FAIL	157006	COS	Hosp	Owner-Opera		Gas S	tatio	on
	13a S Ma :	4		13c CITY OR JOWN Bel Air		13d Inside City Limits? Yes 🌠 NO 🗌	13e STREET ADDRESS 512 Kenmon	ZIP CODE	nue 2	1014	
١	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	T	
1	0	Charles		Rembol	d	Bessie			Montgan	ery	
ì		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	EMd. 2:	1014		
ı	(1		VII	212-03-5	949	Mrs. Daisy L.	Rembold, 5	12 Kenr	more Av	re,Be	lAir
		18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAUS		line for 101, (b), one	dici l	ulyonar	Arres	+	BETWEEN	MATE INTERVONSET AND I	WALTH CONTRACTOR
1		IMMEDI		R AS A CONSEQUE	NICE-OF	'A)				1.
ı		Conditions, if any, which	((b)_	Le L	2	Failure			In	Lon	-th
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQUE	NGE OF	i colon	CA		11	1ee	~
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 110		
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH	H?
+	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY	-	21c. HOW INJURY OCCURR				140	
		OR CONTRIBUTING CAUSE OF C	110110 4		Y YEAR		TENTEN TRIBUTE OF THE				
	CA	(IF EITHER NOTIFY MEDICAL EXAMIN			19						
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STR	OF INJURY REET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	51	IATE
		220.1 certify that (1) (this has	pital) attended th	e deceased from	July	19 85	10 July	1	9 85	that (I) (w	ve) lost
ı		sow the deceased alive of above, (I) (we) (did) (did)	not view the body	otter death.	, or	nd that in (my) (our) opinion o	death accurred on the d	ate and hour	and from the	couses sta	ted
1		77h SIGNATURE	/1 .			DEGREE		11151	22c. DATE	SIGNED	
١		Joseph	Hern			ATTENDING PHYSICIAN	MEDICAL STA		7/	27/	85
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS		0	11	(0
		Joseph	Levia	e m	>	tallston	Gener	al	Hosp	1	٧.
	23a B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION		EVINUO	12 5	ATE
1		Burial	July 3	31, 1985	Belai:	r Memorial Gar	rqens, BelAi	r Har	ford 1	Md. ST	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health MPORTANT: If Item 21 is

> 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

BY REGISTRAR 25% REGISTRAR'S SIGNATURE

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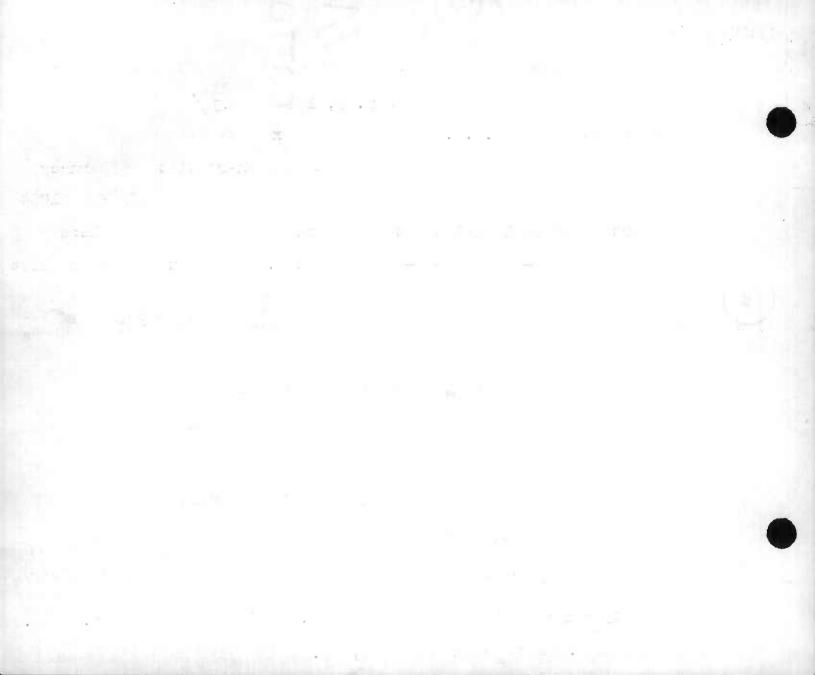
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STATE	DE M	APYL	AND
JIAIL	OT III		

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	N.

B 5 REG. NO.2	0 2 6	9
20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
7-14.	-82	12 6
& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MONTHS DATS	HOURS MIN

12h KIND OF BUSINESS OR

21085

Houston

NO [

STATE

REGISTRAR DECEASED NAME LIYPE OR PRINT SHELLEY OROTHY 3. SEX Female White MONTH DAY 1911 June 74 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Harford County Maryland U.S.A. WIDOWED DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS).
Fallston General Hospital Office Work

Office Work

Office Work Fallston USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 13e STREET ADDRESS JIP CODE 351 Ellsworth Place Apt A2 13d INSIDE CITY LIMITS? 13c CITY_OR TOWN Maryland Harford Joppa 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE Blanche Henry Gerwig 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO Joppa ADD Md. 21085 (YES, NO OR UNKNOWN) John W. Shelley 351 Ellsworth Place 217-34-3662A 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27a I certify that (I) (this hospital) attended the deceased from sow the deceased olive on and that in (py) (our) opinion death occurred on the date and hour and Iram the couses stated obove, (1) (we) (did) (did not) view the body offer DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS

FALLSTON, Md. 21047 HARFORD Rd

236 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) Burial Jul 17 1985 Moreland Memorial

Baltimore Maryland

24 FUNERAL DIRECTOR

- STATE

Baltimore, Maryland Leonard J. Ruck, Inc.

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT.

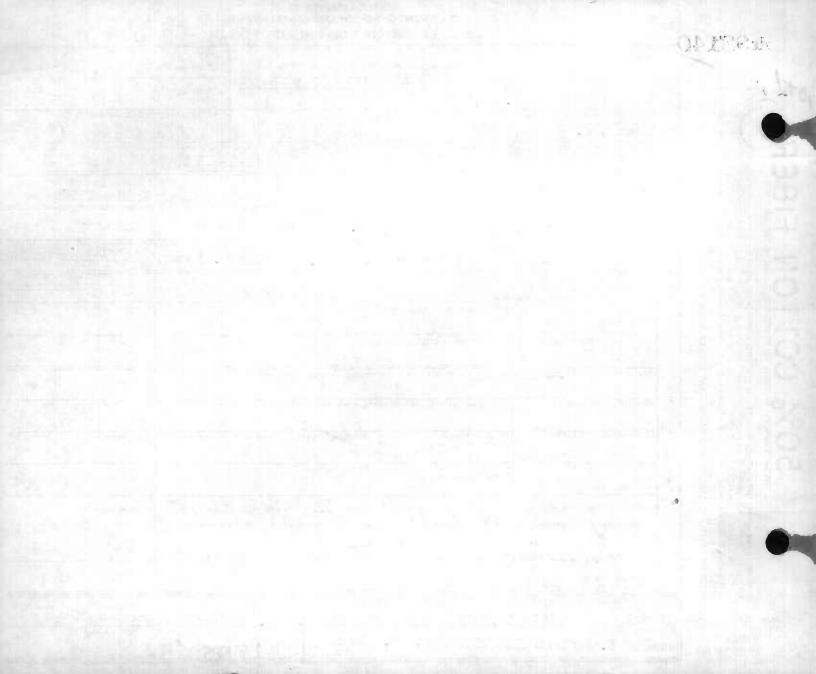
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dargerd County Last test a related to the feriode in the morning morning. Signature of the state of the s Lada aboli (C) Francis Cionetta (C) Lada (C) tes valiants as much a since of a life July - Morning the d-

account o, suck, icc. allierry, paryland hill yield and the second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 198140 DECEASED NAME FURST 20 DATE KNOWN MONTH LTYPE OR PRINTI ESTI-1985 DEATH MATED X Frederick Charles Simons, Jr. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED White Male 57 Oct. 10,1927 1985 DEAD La. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Baltimore, Md. USA Harford County, WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION ITYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY 415 Latimer Road Military M 3. RETAIN PA D 2 SHOULD BE F Joppa Retired USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRESS 415 Latimer Road 13a. STATE Harford 3c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 21085 Joppa NO TX BALTIMORE, MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Nancy Gertrude MIDDLE Simons, Sr. Lafferty Frederick Charles Mrs. Josephine D. Simons, 415 Latimer Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-22-4202 1945-1972 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In USED / 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? (chest only) E CHIEF BE USED BURIAL, E 3 SHOULD BE DEPARTMENT 71g EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED II. LOCATION TO MEDICAL EXAMINER: THIS CEN EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN STATE 270. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from occident Homicide L Suicide Undetermined manner TITLE (SPECIFY) 7-11-85 Assistant DATE SIGNATURE EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial July 15,1985 Arlington National Cem. 07/84 Arlington Arlington
256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5)) ma Drindran Bandage

STATE OF MARYLAND



214135	STATE OF MARYLAND	
214100	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	tings B
	STATE CERTIFICATE OF DEATH 8 5 REG. NO. 2 0 2	/ 1
	CEASED NAME PIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY FEAR	26. HOUR
e 6.4	0 2 2	- 3
noy be page 3	Ross Edward Smith Sr. 72389	> 85 PM
ou od	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR	
1 200	male Caucasian MONTH / 20/892 92 YRS. MONTHS DATE	S HOURS MIN.
B 11	IRTHPLACE (STATE ORFOREIGN 76, CITIZEN OF WHAT COUNTRY? 8.	
	COUNTRY) MARRIED NEVER MARRIED	
9	Maryland USA WIDOWED DIVORCED Harford	MD.
1 727	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR	OF BUSINESS OR
- 4 NG/	el Air Bel Air Conval. Center Farmer Fa	arming
LAND 2120 LAND 2120 vin 24 hours ly filled in the should be fill et musible	AL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
NND 2 24 hc 24 hc ould be ould be	STATE 136. COUNTY 136. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS	02227
AND 24 h	aryland Harford Monkton YES NO 3041 Old York Rd.	21111
> = 0~ LEN /	ATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAÎDEN NAME FIRST MIDDLE L	LAST
MAR ed wind in ond in one ond in one one one one one one one one one on	Lewis Smith Carrie Ed	k
5 9-	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
IMORE,	(15 YES, NO OR UNKNOWN) (15 YES, GIVE WAR OR DATES) 218-14-9928 Harold E. Smith White Hal	ה זער ד
Tily an be		
hysici boper ovof.	DART I DEATH WAS CAUSED BY	OXIMATE INTERVAL IN ONSET AND DEATH
d ST., ng ph bon pr r remo	PARTI DEATH WAS CAUSE (0) Cardio - Pulmonary Arrest	
	DUE TO, OR AS A CONSEQUENCE OF	
ESTOI death ottend ove co frion, o	Conditions, if ony, which (b)	
	gove rise to immediate	
W. Pg	couse (o), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF	
or or or	(c)	
S, 20 signe signe on pl	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	100
B 0 154 5 /	Chronic in dwelling coatleter / History of was price x 2	- in last 6 mo
ECON re prior ony ii	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206. IF YES, WERE FINE	DINGS USED
2	YES NOW YES NOW YES N	ES OF DEATH?
ON OF VITAL ON OF VITAL ding physicion is certificote h burial-tronsit Mental Hygie	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART LOR PART 2	
SICIAN: 1 ng physic certificot urial-trons tem 18 si	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
SICIA ng p certif priol-t	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY	STATE
IVISIA IG PH ottern ter th s the nond rked o	WMILE NOT WHILE AT WORK ALWORK	
	22a.1 certify that (1) (this haspital) attended the deceased from 311 , 19 55 , to 7/23 , 19 55	that (i) (we) last
END ral o OR: A Heol	The Centry mor (i) this hospitaly discussed main	ne course stated
Spirit Spirit	above, (I) (we) (did) (did no) view the body after death.	
DIRE Dept		TE SIGNED
2	Deer U MULL MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/0	24/55
SPITAL SPITAL SP th NERAL De deto e State	224. PAYSICIAN'S NAME (TYPE OR PRINT) 228 ADDRESS	1
O HOSPITAL efained by it TO FUNERAL should be det with the State	DAVID W. McClure MD 1131 Belter road Bel Air, A	nd 21014
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State WHORTANT		0 21017
	BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR FOWN COUNTY	STATE
BP	Burial 7/26/1985 Vernon Cemetery White Hall, Balto)., Md.
DHMH - 16 50M 4/82	UNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR'S SIGN	ATURE
(VRA 15, 4)	M. Garrettsville, Md. 28 1880 June Variables	Mallara
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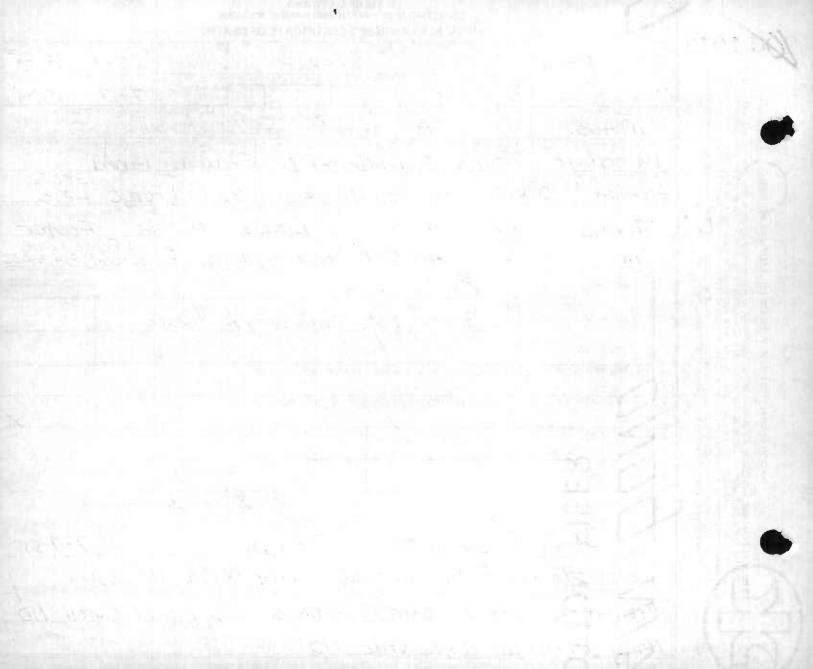
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10	1			STATE OF MARYLAND		
207019	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	A 17 7 17
2010320		REGISTRAR		CERTIFICATE OF DEATH	3 5 REG. NO. 4	0 6 1 6
•		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 5	TITPE	MACGAT	et ANN	SOANN	Tuly 12	8, 1985 8:36AM
moy be	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7 830		FEMALE	WHITE	AUGUST 24 1905	- 79 YRS	MONTHS DAYS HOURS MIN.
D.A.	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OF COUNT	Y OF DEATH
€ EE 65(1)		TEXAS	U.S.A.	MARRIED NEVER MARRIED X	Harfind	
	10 C	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
专 红 南的	11	La de Conne	(IF NOT IN SUCH FACILITY, GIVE STREE	ET ADDRESS)	MAL CLERK	U.S. GOV'T
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3 45/8/	1	FIRST	MIDDLE	FIRST	WIDDLE	LAST
1 1/0-	160	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	7.0	ADDRESS	ENNIS
and and		YES NO OR HINKNOWN) (IF YES, GI	VE WAR OR DATES)		Manufacture 3201/	AIR, MD. 21014
2 55 5		NO			MAGNESS, 335 W	
transfer of the state of the st		18 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI	nly ane cause per line for (a), (b), o	and ice.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the cort			DUE TO, OR AS A CONSEQ	UENCE OF		
de d		Conditions, if ony, which gove rise to immediate	(b)			
1 1111		cause (a), stoting the	DUE TO, OR AS A CONSEO	UENCE OF		
tho de by the sale of the core		underlying couse last	(c)			
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五章 000 mm		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	110110 1 11 11011711	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
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E 1 1 1 5	MEDICAL	21d INJURY OCCURRED	210. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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Z = 2 5 E			mal) attended the deceased from			, 19, that (I) (he) last
E # 53.4 %			ot) view the bady ofter death.	, and that in (my) (and) apinion	death occurred an the date and ha	our and fram the couses stated
Pop Per		276 SIGNATURE	1 /	PEGREE	# MEDICAL STAFF	22c. DATE SIGNED
4 T 4 T T		(3. 1.)	hurhett 1	M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-19-85
HOSPITA Ined by FUNERAL Uld be d		22d. PHYSICIAN NAME TYPE	OR PRINT)	The ADDRESS	A	
TO HOSPITAL TO FUNERAL Should be de with the Stat		B. J. PLUNK	ETT, JR. M.D.	617 W. BEL.	HIRAVE, ABERDE	EN, MD, 21001
D € E # 3 ₹		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		BURIAL	20 JULY 1985 I	MMARULATE CONCEPTION	ON ELKTON CECI	L MARYLAND
DHMH - 16 60M 7/B4		JNERAL DIRECTOR	400000	25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	TA	RRINGFUNERA	LADME, PA. ABER	DEEN, MO, 21001-3399	UL 2 3 1985	Laurdson-Randalle

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	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1./	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7
/001043	I. DE	CEASED NAME FIRST	MIDDLE LAST ZO DATE KNOWN & MONTH	DAY YEAR 26 HOUR
12	(1YP	EORPRINT) PAUL	FOSTER STEVES DEATH MATED 17-7	10.55 富州
A C HE C H	3. SE)	1. BACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS ROUPS MIN PRONOUNCED	DAY YEAR 2d HOUR
TECESSARY, PEAGE UN-ERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS U PRESTON STREET.	M	ale LANK	5-8-04 8/ YRS. MONTHS DAYS HOURS MIN. PRONOUNCED 7-7	1985 SA M
ESSA ESSA FERIN	70 B	RTHPLACE (STATE OR DREIGH CONNTRY)	76. CITIZEN OF WHAT COUNTRY?	OF DEATH
A STATE OF THE PROPERTY OF THE		111ASS.	WIDOWED DIVORCED DIFTUITION COU	NTY MD.
A STATE OF THE STA	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
No. and and	LICIT	NoodDine	15811 A E. Mullinix Rd. Security Giber	
ANNY REFAIR	130 5	TATE . IBL COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ACC 1130. CITY OR TOWN ACC 1130. STREET ADDRESS "ESTA NO 36. OLD FORCE"	135032 Lane
9 F. 3 F.	14. F.	ATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FRET MIDDLE	4/18 19 S
班 3.10 名の 		Thomas L	erou Steves Lizzie Maria	Foster
TIMOR TEPAGE ON O	16a. \		MED FORES? 166. SOCIAL SECURITY NO. 17. INFORMANT 360 FOR	ge Lane
BALTIM BAS AFTER B GIVE PA WITH FOR		//0 -		J. FIA, 33032
ST.,		18 CAUSE OF DEATH (Enter an PART I DEATH WAS CAUSE)	ly ane cause per line for (a), (b), and (c).) D BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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201 W. PREI UTED WITHIN IN PENCIL II EXAMINER RIAL-TRANS ON, OR REM		lying cause last.	(c)	
EXEC NG CAL YANG WATE	2	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
RECO ID BE PENDI P	CERTIFICATION	19s. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOULD ORD "PE CHIEF A E USED A IT OF HE	FIC			YES NOW
DF VIT. WORL TE CH DD BE U	ER	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	
ON O FITTO F		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
DIVISION OF S CERTIFICATE RITING THE W RDED TO THE EAS SHOULD FE SOI PRION TO THE	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET FACTORY FARM STC.)	ETY STATE
#3474G	2	WHILE AT WORK		TY STATE
PR: T ATE, ORW PR: P, LD, 2		22a. I certify that I taak charg	ge af the remains described abave, held an Autapsy 🔲, Inspection 📈, Inquiry 🔀, and in my apir	nan
EXAMINER: CERTIFICATE JUD BE FOR WITH THE WARYLAND		death resulted fram: Natur	ral causes . Accident ., Suicide ., Hamicide . Undetermined manner .,	
WAR WAR		ACTUAL TANKS	7 - Harden Title (SRECIFY)	7-7-0-
SE S		SIGNATURE	M.D. DEANY MEDICAL EXAMINER SIGNED	1 1-83
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAME Thos.	ngs F. Herbert, MDADDRESS ElliCott Cota Md 210	43
5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A		URIAL, CREMATION, REMOVAL 1		STATE
BP		Cremation	7-8-85 Carroll Cremations Hampstead Can	TOIL MD
CGC/DHAM AT	1	UNERAL DIRECTOR	ight ADDRESS SUKESVILLE MD JUL 08 1985 & menteuridaen	- Jandese
777 9 20M X 82	1	rumy W. Ha	IGHT SYKESVILLE, MID OUL OF 1903	

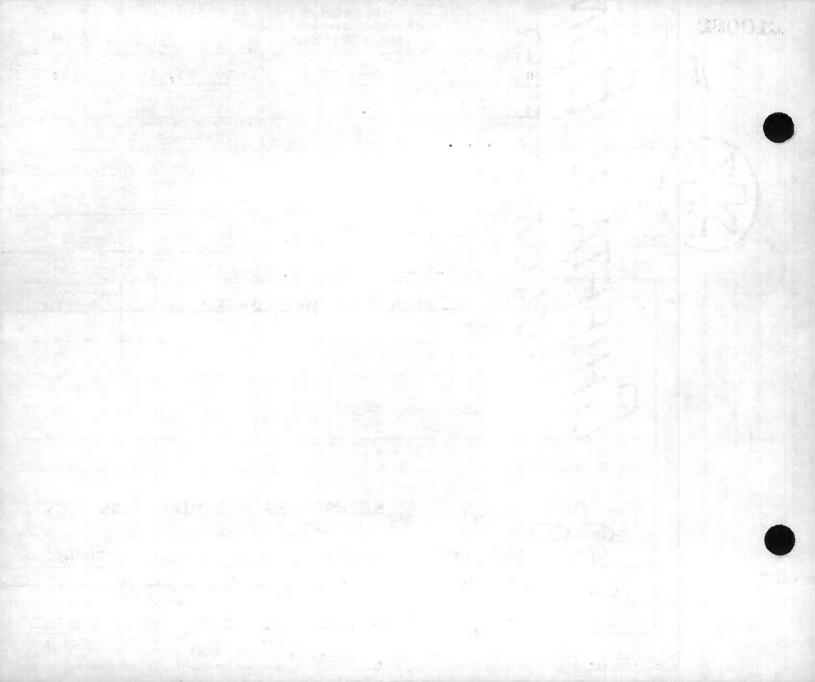


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59067		STATE REGISTRAR				CERTIF	ICATE OF DEA	TH	8 5 R	EG. NO.	0 %	1 3	
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poge 3	- III	RIC	HARD	I	PAUL	STr	eett	SR		7	-/0 - /9	195	12m
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ofi		Male		Whit	:e		7. 1904		81	YR		, noung	mile.
1226		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVERMAR		BALTIMORE C	ITY OR COU	NTY OF DEATH		
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The state of		ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NUF		R OTHER INSTITU	TION	12a USUAL OCC			OF BUSIN	ESS OR
30	B€	l Air			Conval		Center		Farmer			Grain	1
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1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL S	ECURITY NO.	17 INFORMANT			Churc	hville,	id. 2:	1028
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roun		Conditions, if any gave rise to imi		(b)_	HUK	myn	-110m				1	1 7	rs
4		cause (a), statu		DUE TO, C	R ASA CONSE	QUENCE OF	ACAIN	FRO	010				
burial, cri				(c)	1016	IERI							_
ro bo	z	PART 2 OFFIRSIG	NIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	VAL DISEASE OF	CONDITION	GIVEN IN PART	lio	
ony in	ATIO	19a. DATE OF OPERA	TION	19h COND	OITION FOR WH	ICH OPERATIO	N WAS PERFORME	ED.	I the ANTOPS	1206. IF	F YES, WERE FINI	DINGS USE	D
Hygiene p	FIC								YES NO	-2/	RTIFYING CAUS	ES OF DEA	
On Ch	CERTIFICATION	210. ACCIDENT WAS UN	DERLYING [21c. HOW INJUR	RY OCCURRI		7	A 18 PART I OR PART 2	,	
Item 18		OR CONTRIBUTING			.m. MONTH	DAY YEAR							
Mentol or Item	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION		CII.	IY OR TOWN	COUNTY		STATE
ked	E	WHILE NOT WE AT WORK	HILE D	(AT HOME, ST	TREET, FACTORY, OFF	ICE FARM, ETC)	SINEEL	0	1	1			3,476
and		220.1 certify that (I)	(this hosp	ital) attegded/t	he deceased fro	m Mari	120	19 8.5	_, to 000	4 10	. 19	., that (I) ((we) last
of H 21		saw the deceas above, (1) (we) (ed alive an	at) view the hads	ofter death	9 15.0	nd that in (my) (au	r) opinion d	eath occurred or	the date and	have and from the	ne couses st	toted
Dept. of Item		226. SIGNATURE	_	1-	-		DEGREE				72c. DA	TE SIGNED	
Ti. If		Danter	, my	englin	1 m	W CV	ATTE PHY	NDING	MEDICAL DIRECTOR []	STAFF PHYSICIAN	1/	11/8	1
TAN STAN		224. PHYSICIAN'S N	AME (TYPE	OR PRINT)		N. FI	22e ADDRESS	0	^	/	2 0 0	201	9
with the State E		DANTE	W.	MON	AKIL,	M.D	Horre	de	Ortu	, And	210	18	
, 3 ≥	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		3c NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATIO		COUNTY		STATE
		Burial		July 12	1985	St.Igna	tius Ceme	etery	Hickor	u Har	rford	MA	
50M 4/B3		UNERAL DIRECTOR	- 17	4	ADDRE	ss		250 DJU	[ETP 2 198	BBAR 256 BE	GINDOFFENSIN	Appande	82
15, 4)	HO	ward K. Mc	Comas	III, A	bingdon	, Md. 2	1009	71					12.7

STATE OF MARYLAND

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(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 210230 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWNX MONTH 2h HOUR LTYPE OR PRINTS OF ESTI-Mark Tegges 21 19 85 A. 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 5:55P 25 DEAD White 13 1959 Mael 10 1985 BIRTHPLACE (STATEOR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Harford County O. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Canner--Beverage Capital Fallston General Hospital Fallston HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 201 W. PRESTON ST., BALTIMORE, MD. 21201 3a. STATE COLINTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1300 Burke Road 21220 Baltimore Middle River NO X Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE E. J. Carole Charles Tegges Mover In WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LIE YES GIVE WAR OR DATEST 1979-1982 218-80-0506 Charles E. Tegges Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Drowning DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) JID BE USED AS A B MENT OF HEALTH A TO BURIAL, CREMA CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? R: PAGE 3 SHOULD BE USTATE DEPARTMENT O YES X NO T 216. TIME OF INJURY HOUR XXXX MONTH DAY YEAR 21a EXTERNAL CAUSE WAS 21¢ HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 19 85 Subject drowned while swimming 4:40 M. 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK AT WORLE COUNTY STATE quarry Peach Botton Rd, Delta PA. PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held on and in my apinion death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/23/85 SIGNATURE EXAMINER'S NAME Ann m. Dixon, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE 234 LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Maryland Burial 7/26/1985 HOlly HIll White Marsh 07/84 25M 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Dundalk, Maryland 21222 7922 Wise Avenue (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 203437 CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) TESTERMAN RODGER IF UNDER 24 HRS 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5 DATE OF BIRTH MONTH YEAR HOURS Male White 77 1950 Dec. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED HARFORD Maryland United States WIDOWED DIVORCED [126. KIND OF BUSINESS OR IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LLSIDN LLSTON GENERA Salesman Automobile USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Harford 1597 Main Street/21160 Maryland Whiteford YES K 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME CV MIDDLE LAST FIRST MIDDLE Edison Cleveland Testerman Ethel Barker ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17. INFORMANT 21160 MD (YES, NO OR UNKNOWN) No 216-56-5959 Blanche C. Testerman 1597 Main St. Whiteford APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 19a DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22m. ADDRES the S IMPORT/ 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION 236 DATE CITY OR TOWN STATE (SPECIFY) July 13.1985 Mt. Vernon Cem Burial Whiteford, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 25M (VR A 15 (4)) 9/74 John H. Harkins 600 Main Street Delta. PA 17314

injury, or other troum

should be detached for use as the buriol-transit permit. Then please its with the State Dept. of Health and Mental Hygiene prior to burial, are

IMPORTANT: If them 21 is morked or them 18.

213014

FOR STATE

STATE OF MARYLAND DEPART

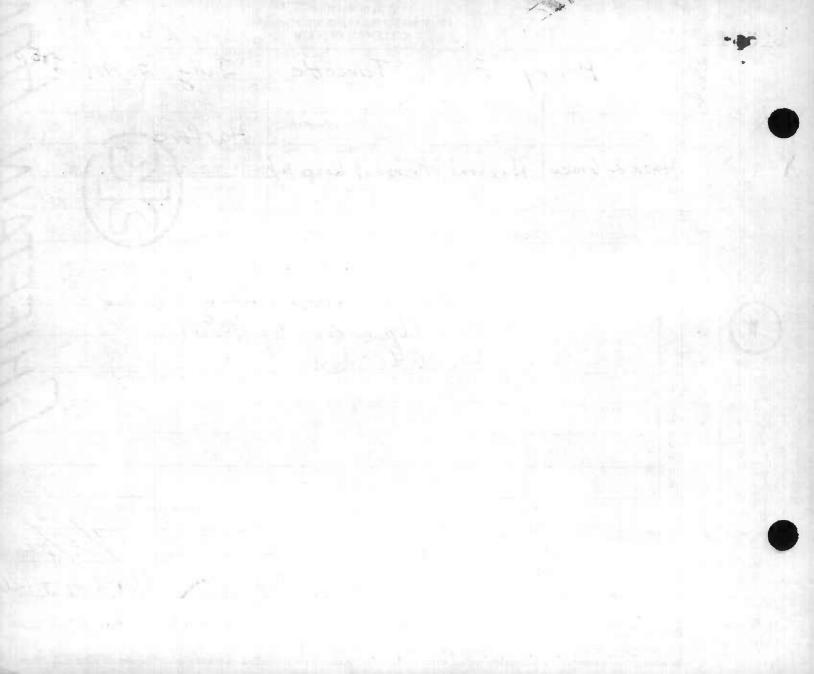
MENT OF HEALTH AND I	MENTAL HY	<i>IGIENE</i>	
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1	FOR STATE			DE	PARTMENT OF	HEALTH AND MEN	TAL HYGIE	NE	00	07	Q
	REGISTRAR				CERT	IFICATE OF DEAT	LH ;	S S REG. NO	7 0	ha	
	CEASED NAME	FIRST	N	IDDLE	70III 100	LAST	2	O. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR 5 0
[TYPE	OR PRINT)	enr	uf			urcott	0	July	26	1981	7
J:SE	X.		ACE		5. DATE	OF BIRTH		AGE (IN YEARS LAST	HDAY) IF		IF UNDER 24 HRS
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	RTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COU	NTRY? 8	IED X NEVER MARR	9	BALTIMORE CITY O	R COUNTY O	FDEATH	
	MASS	V	USA		WIDOV			Harle	nd		MD.
10 €	ITY OR TOWN OF DEA	TH /1	1. NAME OF H		NURSING HOME	OR OTHER INSTITUT	ION I	20 USUAL OCCUPATI			BUSINESS OR
140		racy	Hav	ford	Mema	vial Hosp	1 11	(RET) STOCK C		FEO. GO	OVT.
	AL RESIDENCE (IF NURSI	ING HOME OF C		130 CITY O		13d INSIDE CITY LI	IMITS? 11	Je STREET ADDRESS	ZIP CODE		
	MD	CECI		CONOWI		YES NO		7 SHADY LAN		OX 126	21918
14 F/	ATHER'S NAME					15. MOTHER'S MA	IDEN NAME		100		
1	joseph		ILIP			ROSE	ROSE EMMA			GAMACHE	
16a V	WAS DECEASED EVER				L SECURITY NO.	17 INFORMANT		ADDRE	SS	GAMACH	<u> </u>
1	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	013 16		MRS. MARIE	W. TUR	COTTE	S	AME AS #	13e
	18 CAUSE OF DEATI	H. Enter only	one couse per	line for (o)	(b) and (c)	1		1	n 1	APPROXIM	NATE INTERVAL
	PART I. DEATH WAS CAUSED BY.										
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	Candidan 16	1.1	DUE TO OF	A CON	ISBOURACE OF	200	ne	AAT IV			
	gove rise to imm	nditions, if any, which ve rise to immediate									
	underlying cause		DUE TO, OR	AS/A CON	SEQUENCE A	N	1			100	-3.00
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7	PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
Ö				2							
CERTIFICATION	190 DATE OF OPERATION . 196. CONDI			TION FOR V	WHICH OPERATI	ON WAS PERFORMED		IN CERTIF		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO	
TIE											
CER	210. ACCIDENT WAS UND	CAUSE OF DEATH HOUR A.M. MONTH D			II DAY VEAL		OCCURRED	D (ENTER NATURE OF INJU	RY IN ITEM IS PART	T I OR PART 2)	
AL	OR CONTRIBUTING C				H DAY YEAR						
MEDICAL	21d INJURY OCCURR		21e PLACE OF INJURY			211 LOCATION					
×	WHILE NOT WH	HE	(AT HOME, STRI	EET, FACTORY,	OFFICE FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I)		all' attended the	decensed	team		0	to	. 19		hot (I) (we) lost
	sow the decease	d olive on_						oth occurred on the de			
	obove, (I) (we) (d	lid (district)	view the body i	after death	/	DEGREE				10000	
	1220. SIGNATURE	1	-/-	1	00	11 -	NDING 1	MEDICAL STAI	¢ F	13	2/00
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	22d. PHYSICIAN'S N	ME LUNG	1	/	00	72WADDRESS	MI.	1 ,11.1	11		1
		a	1	-	2	Mayou	Mes	(/ Som	176	UTR 1	to Grace
	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF	CEMETERY OF CREM	ATORY	23d. LOCATION	- 1		
1	BURIAL		31JULY	85	OARLING"	TON CEMETERY		DARLINGTON,		COUNTY MAI	STATE DVI AND
	UNERAL DIRECTOR				311111111111111111111111111111111111111		250 DATER	REC'D. BY REGISTRAR	25b REGISTRA	R'S SIGNATU	RE

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:



2003	1-	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	2. 0 2	8 0	
115		CEASED NAME OR PRINT)		MIDDLE	J. DATE C	Lucenti Se DIDTH	20 DATE OF DEATH A	4 26 198	5- 10:30 M	
	3 55	FEMALE	WHITE		JUNE		79	WONTHS DA		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
22 Feld 11 10		TY OR TOWN OF DEATH	11. NAME OF	or a men	DOTICAL	DI DIVORCED DIVORCED DI DIVORC	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF (RET) SELF-EM	WORKING LIFE) INDUST	MD. D OF BUSINESS OR RY ERY STORE	
hilled in	3a. S	MD HA	ME OR OTHER INSTITUTED OUNTY	N GIVE RESIDENCE BEFORE 13C CITY OR TOW HAVRE de	N	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / 616 ERIE STRI		21078	
11/20		THER'S NAME FIRST VINCENZO	MIDDLE	LEONARDI		15 MOTHER'S MAIDEN NAM FIRST BERNADINE	WIDDIE	LE	LAST VI	
Post /		VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S GIVE WAR OR DATES)	218 32 29		17 INFORMANT BERNADINE VINCE	ADDRES		de GRACE, MD.	
is signed by the attending play. Then please emore it according to burial, cremation, or remember injury, at other traumant, event.	NOI	18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)								
t permit	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	DINGS USED SES OF DEATH?	
ending physic this certificate is benealthers of Memol Prog d or Nem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	DE DEATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY street, factory, office, f	19	21t. HOW INJURY OCCURR 21f LOCATION STREET	RED (ENTER NATURE OF INJURY		2) STATE	
formed by the hospital or other could be deforted for use or the int the Store Dept of Health or (FDOKTAM). If here 21 a morke		220 I certify that (I) (I) is a sow the deceased always obove/II) wey (did) (did) 22b SIGNATURE	naspital) attended be an all hot view the bod	the deceased from	, ar	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF	1150	SK SIGNED	
BP	23a E	BURIAL, CREMATION, REMO SPECIFY) BURIAL	236 DATE	- 113		EMETERY OR CREMATORY CEMETERY	23d LOCATION CITY OR TOWN	COUNTY	CO., MARYLANI	

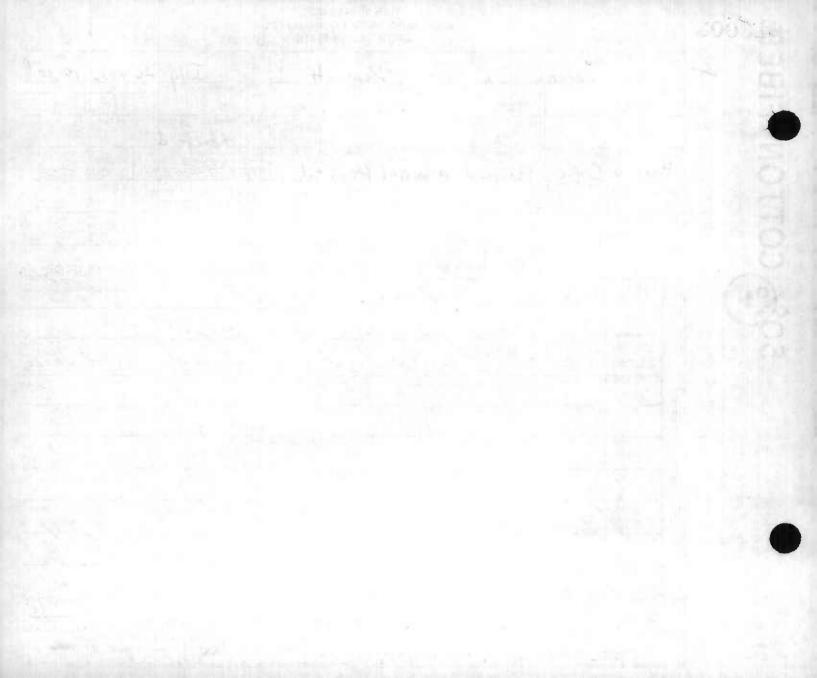
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD 21078

HAVRE de GRACE, HARFORD CO., MARYLAND

250 PATE RES DOY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 214096 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DATE KNOWN 1 DECEASED NAME 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 25/19 85 McTean Ward Wagner 5 DATE OF BIRTH SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 101925 DATE MONTH VEAR LAST BIRTHDAY PRONOUNCED White male June 5 1965 20 DEAD PM 25/ 1985 IN BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Harford County maryland DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Student Fallston (2104 School 310 368 Old Joppa Road ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 130 INSIDE (ITY LIMITS? 130 STREET ADDRESS JOPPA ROAD 3a STATE HAT ford Co, FALLSTON manyland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MCLEAN ROBERT JEANNE HIEXMUDER WAQUET, SG Carol 17 INFORMAN (Grandfaller) 877-3639 PRESS 312 Old Joppa Trand 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. OR UNKNOWN) LIE VES CIVE WAR OR DATEST Mr. O. BARTON MCLEAN 214-70-7786 Fallston, Maryland 21047 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: Gunshot Wound to Head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19e. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR * MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH self inflicted wound 3 SHC 21e PLACE OF INJURY 211 LOCATION 216 INJURY OCCURRED 310 STREET STREET, FACTORY, FARM, ETC. WHILE AT WORK 308 Old Joppa Rd., Harford Co., Md. home TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR; PAFTED DEATH, WITH THE STABLE. Inspection XX 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inquiry Suicide XX Accident Homicide death resulted from: Notural Jouses Undetermined monner TITLE (SPECIFY) ACTUAL DATE 7/26/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION July 29, 1985 BELAIT MEMORING GATGENS Burial BEI Air, Harford G., Maryland 21014 07/84 24 FUNERAL DIRECTOR
SOSTEPH WITHING FOSTER 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA SO W. Broadway & Williams St. **DHMH - 17** BELLIF Maryland 21014 erollin Fren (VR A15 ME (5))



STATE OF MARYLAND

DHAH-16 30M 2/80 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

Aug. 3,1985

23b. DATE

319 S. UNION

230 BURIAL CREMATION REMOVAL

(SPECIFY)

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AVE. HDG, MD. 21078

23c. NAME OF CEMETERY OR CREMATORY

Mountain Christian Cemetery, Joppa Md ATE Harford C.D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE was well the property

23d LOCATION

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12b. KIND OF BUSINESS OR

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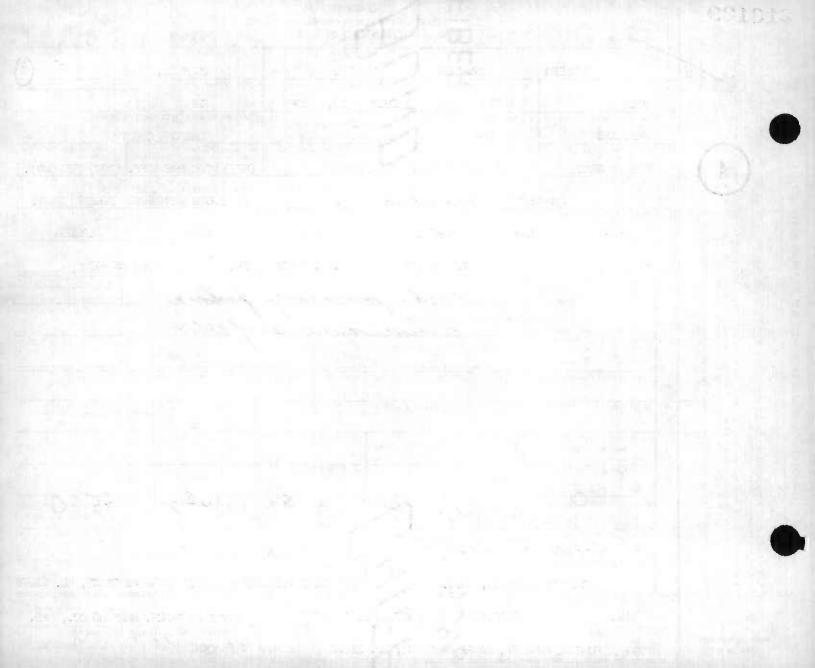
21014

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 182019 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN IA 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED William Ward 4 RACE 6 AGE (IN YEARS IF UNDER I YR 2d. HOUR DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 10:20 1985 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! DELAWARE WIDOWED DIVORCED Harford County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Havre de Grace Harford Memorial Hospital DNSTRUCTION USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 706 PLATER STREET ABERDEEN 21001 52 FA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WITH FORM PM WITH FORM PM IT. PAGES TAND 2 DIVISION OF WITH FIRST " 1 5 WARD NILLIAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT **ADDRESS** MD, 21001 PHYLLIS J. WARD, 706 PLATER, ST., ABERDEEN 20-52-3030 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Narcotism IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate MER: Innoce The CHIEF MEDICAL ENCARE, WRITING THE WELL CONVARABLE TO THE CHIEF MEDICAL STORE AGE SHOULD BE USED AS A BURIAL-IN CORE STATE DEPARTMENT OF HEALTH AND MENION OF THE STATE OF THE cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 3: TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 2:201 P STREET CITY OF TOWN COUNTY STATE WHILE AT WORK Autopsy X 22a I certify that I taak charge of the remains described above. held an Inspection and in my apinion Undetermined manner death resulted fram: Notyral, TITLE (SPECIFY) ACTUAL 6/29/85 M.D. Acting ChiefEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto, MD. (TYPE OR PRINT) 23e.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY 23d LOCATION HARFORD MEM, GARDENS BURIAL ABERDEEN HARFORD 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATUR **DHMH - 17** ABERDEEN, MD. 21001-3399 (VR A15 ME (5))

STATE OF MARYLAND

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(VRA 15, 4)



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FUNERAL DIRECTOR:

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

7 - STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	B S REG. NO.2 0	2 8 3
1. DECEASED NAME (TYPE OR PRINT)	Jesse Horace	e Watters	70. DATE OF DEATH MONTH DI	7 1985 7:55 M
3 SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	0.710	IF UNDER LYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
76 BIRTHPLACE (STATE C	Black OR FOREIGN 76 CITIZEN OF WHAT COUL	3 - 18 -1921	9. BALTIMORE CITY OR COUNTY	OF DEATH
COUNTRY	USA	MARRIED NEVER MARRIED X	Harford	MD
Navre de G	(IF NOT IN SUCH FACILITY, GIVE	ESTREET ADDRESS) CMOVIO- HOSPI fo-	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
STATE	RSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 136. CHTY OF Abero	R TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 711 Nottingham	Dr. 21001

15 MOTHER'S MAIDEN NAME

Samuel	W	atters	Lena		×			
		16b. SOCIAL SECURITY NO.	17 INFORMANT			ADDRESS		
NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	218-14-1120	Joseph	Watters	711	Nottingham	Dr.	21001
								SVIDA A YE IN ITE O

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH (Enter only one couse per line tohio), (b), and ic PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78s. AUTOP: 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🗌 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATUR NITEM 18 PART I OR PART 21 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY DE YOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this haspital) atting

and that in (my) (our) apinion death occurred on the date and hour and from the conses stated 22b. SIGNATURE DEGREE 22c DATE

ATTENDING MEDICAL STAFF VIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 77s ADDRESS MYPE OR PRINT

23¢ NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 7-31-85 Harford Mem. Garden Burial

23d LOCATION Aldino Harford

MIDDLE

MD.

24 FUNERAL DIRECTOR

4 FATHER'S NAME

MIDDLE

Arnold W. Beard

Fountain St. Hde.

25a DATE REC'D. BY REGISTRAR

20b. IF YES, WERE FINDINGS USED

LAST

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEI

ENT	OF	HEALTH	AND	MENTAL	HYGIENE
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REG. N	16.	5	O	0
DEATH	MONTH	DAY	YEAR &	25 HOUR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24 FUNERAL DIRECTOR

23b. DATE

23d LOCATION

COUNTY

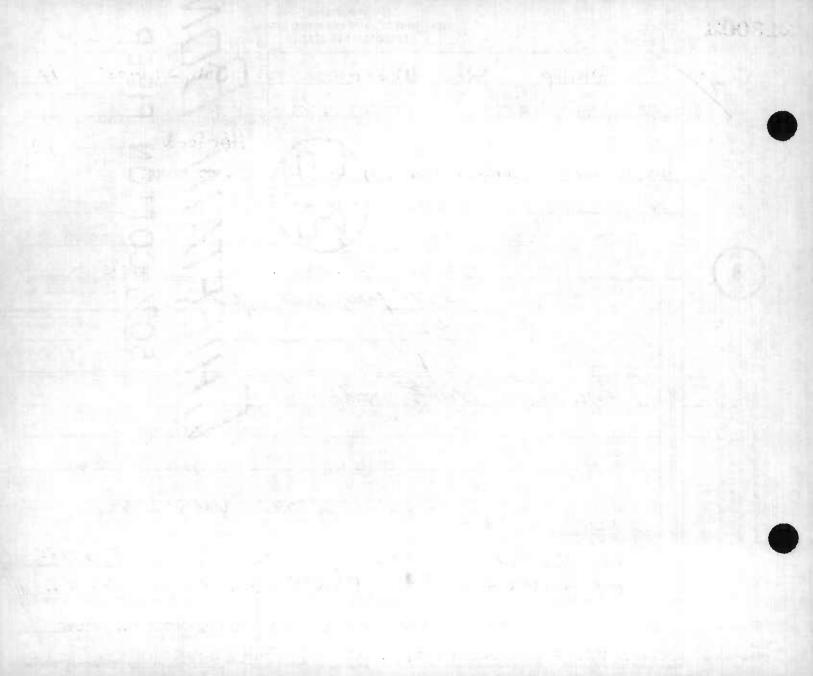
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HARFORD MEMORIAL GARDENS ALDINO, HARFORD CO., MARYLAND
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21D78

VERSTEIN

REGIETKAR		CERTIFICATE OF DE	0 0	REG. NO.	-	
DEPEASED NAME FIRST	WIDDLE	LAST	2ª DATE O	F DEATH MONTH	DAY YEAR / 2	b HOUR
Philip	W.	Weber		July 27, 1	1985	19 M
SEX	4 RACE	S. DATE OF BIRTH		YEARS LAST BIRTHDAY}		F UNDER 24 HRS
MALE	WHITE	MONTH DAY	YEAR	E4	MONINS DATS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	FEBRUARY 17,		54 YRS ORE CITY OR COUNT	VOEDEATH	
COUNTRY)	78 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	RRIED -	O A	TOTBEATH	
MARYLAND	USA	WIDOWED DIVO	DRCED H	ertord.		MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE			OCCUPATION RK FOR MOST OF WORKING U		BUSINESS OR
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la STATE 13b COUI				ADDRESS / ZIP COD	-	
MD HARFE	ORD CHURCHVI			MAN ROAD	21028	3
C FATHER'S NAME	MIDDLE LAST	15 MOTHER'S A	AAIDEN NAME	MIDDLE	LAST	
PHILIP V	VILLIAM WEBER		ENE	E.	GOODM	AN
WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMAN	T	ADDRESS		
(YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES) 212 26 61	CO MPS ADI	ELYN E. WEBER	c	SAME AS #13	0
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PART I, DEATH WAS CAUSE	nly one cause per line far (a) (b), a ED BY:	ndk I	1.101	7	BETWEEN ON	SET AND DEATH
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	DUE TO, OR AS A CONSEQU	IENCE OF				
Canditions, if any, which	(b) C/	711				
gave rise to immediate cause (a), stating the)					
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	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISEA	SE OR CONDITION GI	IVEN IN PART 1 a	
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190 DATE OF OF RATION	196 COMDITION FOR WHICH	OPERATION WAS PERFOR	MED 200 AUT		S, WERE FINDING	
Ē			YES		_	NO []
190 DATE OF OF ARATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJU	JRY OCCURRED (ENTERN	ATURE OF INJURY IN ITEM TB	PART I OR PART 2)	
OR CONTRIBUTION CALLES OF DE		AY YEAR				
I IF EITHER NOTIFY MEDICAL EXAMINE		19				
116 EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	FARM ETC) 211 LOCATION		CITY OF TOWN	COUNTY	STATE
AT WORK NOT WHILE						
22a.t certify that (1) (this hasp	ital) attended the deceased fram,	san.	19 74 to 1	rely_	, 1925, the	at (1) (we) last
saw the deceased alive an		95 , and that ip (my) o	iur) apinian death occurr	ed an the date and ha	ur and from the ca	uses stated
abave, (1) (we) (did) (did no	at) view the body after death.	DEGRET			22c. DATE SIG	
1 19 1.1	- fl	Contract of the second	and the American		200 00 16 31	GINED



executed within 24 hou

depth

220032

e funeral director, page 3 within 72 hours ofter death

STATE OF MARYLAND

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

10	HEAL	IH AN	N WENIAL	HYGIENE
RTI	FICA	TE OF	DEATH	8

- 0	0	13	52	8
REG. NO.	U	Gia	0	1

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	8 5 REG. No. 0	2 8 /
		CEASED NAME FI	iTH	MIDDLE	W	FLSH	20 DATE OF DEATH MONTH D	14 X 12 22
	3. SE		4 RACE		5. DATE C	DAY YEAR	N	IF UNDER 1 YEAR IF UNDER 24 HRS
1	7 0	FEMALE	WHI		APRII	L 3, 1894	91 YRS	
0		RTHPLACE (STATE OR FORE) COUNTRY) MARYLAND	GN 176 CITIZEN	OF WHAT COU	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY	
4	10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
2	He	re de GRACE	2 HAC	FORD N	e STREET ADDRESS)	Hoogital	TYPE OF WORK FOR MOST OF WORKING LIFE	
1	130. 5	AL RESIDENCE (IF NURSING)	ONE OR OTHER INSTITUTION OF THE COUNTY	13c. CITY O		1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
1		MO H	ARFORO	ABERD	EEN	YES X NO	64 MOUNT ROYAL /	AVENUE 21001
1	14 FA	THER'S NAME	MIDDLE		151	15 MOTHER'S MAIDEN NA	ME	LAST
Ź		WILLIAM	A.		AGAN	MARTHA	M.	ARRISON
		VAS DECEASED EVER IN L	J.S. ARMED FORCE		L SECURITY NO.	17 INFORMANT	ADDRESS	
		ND			74 7984	MR. NELSON WELS	SH SR. 927 PARAOISE R	O. ABEROEEN, MO
	CERTIFICATION	Conditions, if any, who gove rise to immedicause (a), stating underlying cause In PART 2 OTHER SIGNIFIC CONTRACTOR AND ATTENDED A	CANT CONDITION	O, OR AS A CON S CONTRIBUTION	ISEQUENCE OF IG TO DEATH BUT HOLLOW	NOT RELATED TO THE TERM C CONCESS N WAS PERFORMED	AINAL DISEASE OR CONDITION GIVE	, WERE FINDINGS USED
	TIFIC						YES NO NO YES	ING CAUSES OF DEATH?
	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUI	P.M.	H DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ACE OF INJURY RE STREET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) (the saw the deceased a abave, (1) (we) (did)	live on TV	-X 31	End ann	nd that in (my) (ove) apinian	death accurred on the date and haur	9, that (1) (ve) lost and fram the causes stated
		226. SIGNATURE	Phu	how	2 Mi	ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	7-31-85
		B.J.PI	unket	t. gr. 1	nD	Aberdee		
		SURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	24 E1	BURIAL JNERAL DIRECTOR	JAUL	SUST85	BAKEKS	CEMETERY	ABEROEEN, HARFORD	
		MITCHELL FUNERA	LIONE DO	LIOVOT JADI	DRESS ACT AS	21070 DAT	G 6 1985	MIGNATURE P
	1	ATTUMELL FUNERA	L HUME PA,	HAVKE DE	GRALE, MU.	21078 AU	0 0 1300	

AUG 6

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician or should be detached for use as the burial-transit permit. Then please remove corbompapers. Pay with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked at them, 8 shows any injury, or other traumatic event, the med

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20000	8 1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. REG.	20283
thin 24 hours after death. Fage 4 mot be printed in the the lumeral director, pagen 3 at 2 hould be filled within 72 hours after death printer (hiss be 40 filled at onthe	3. S 70.	SEX BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITY OR TOWN OF DEATH	RACE WHITE 76 CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSING INFOOT IN SUCH FACILITY, GIVE STREET A HODIE MIDDLE ANDLE AST	S. DATE OF BIRTH S. DATE OF BIRTH MONTH DAY MARRIED MARRIED MIDOWED DIVORCED THOME OR OTHER INSTITUTION DDRESS) ADMISSION	8 AGE (IN YEARS LAST BIR 8 BALTIMORE CITY O 120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O 130.STREET ADDRESS 110 TENERS	MONTH DAY YEAR 16 HOUR 3: 10 M HIDAN IF UNDER LYEAR IF UNDER 23 HRS WONTHS DAYS HOURS MIN. YRS R COUNTY OF DEATH ON 12b KIND OF BUSINESS OR INDUSTRY CARPS OF SR
	1 160	00	GIVE WAR OR DATES	1456 FAMILY	RSCOROS	S
quires that the death certificating signed by the attending physics has please remove corbor particle buriol, cremation, or removality, or other traumatic event.	NO.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	CE OF P. D.	HITTS .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PHION GIVEN IN PART 110
SICIAN: The law reng physician certificate has been rial-transit permit. It certail Hygiene prior them 18 shows any in	MEDICAL CERTIFICATION	00.0001701011010	P.M.	OPERATION WAS PERFORMED Y YEAR 19	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUL	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OR ATTENDING PHYMORE E hospital or attending DIRECTOR. After this sched for use as the budget of Health and Miller I is marked or filem 21 is marked or	WED	220 1 certify that (I) (this has	21e PLACE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FA pitol) ottended the deceosed from on 19 not) view the body ofter debth.	ond that in (my) (opinion DEGREE		1985, that [II (lost lost one and hour and from the couses stated 22c. DATE SIGNED
TO HOSPITAL Or retoined by the TO FUNERAL B should be detected with the Stote D IMPORTANT: IMPORTANT: If	1	224 PHYS CIAN'S NAME (TYPE DR. RUBEN	S. SEBASTIA	ATTENDING PHYSICIAN 220 ADDRESS 2314 SAS		

DHMH - 16 60M 7/84 (VRA 15, 4)

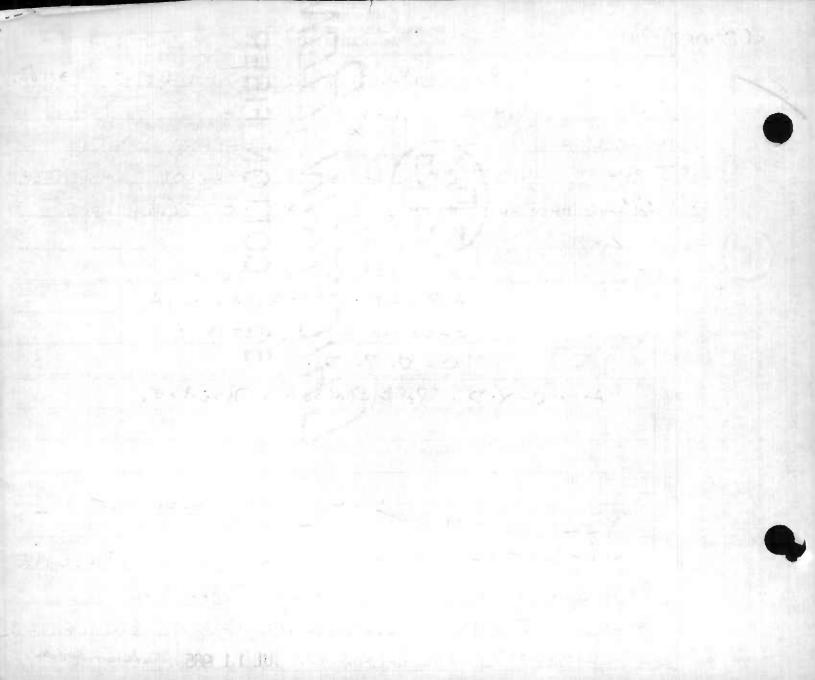
BP.

230 BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR

23b. DATE

250. DATE RE

RESISTRAR 256 REGISTRAR'S SIGNATURE The Davidson-Randalle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

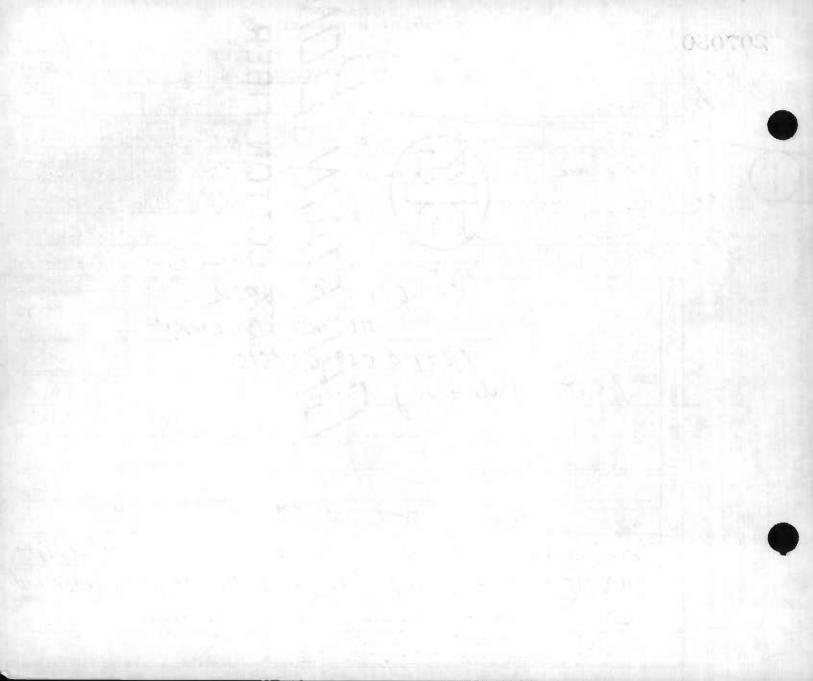
1	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 5 REG. NO	20289
1	1. DECEASED NAME FIRFTS	ences Marie	Wooldridge Wooldvidge	20 DATE OF DEATH A	20, 1985 655 A
	3. SEX	4 RACE	5. DATE OF BIRTH		MONTHS DAYS HOURS MIN.
١	Female 70. BIRTHPLACE STATE OR FOREIGN	White 7b CITIZEN OF WHAT COUNTRY?	Nov. 1 1914	70	YRS
J	COUNTRY)		MARRIED NEVER MARRIE		
	Ohio	U.S.A.	WIDOWED X DIVORCE		County MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		N 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
þ	Houre de Grace		emarkal Hospi	tal Machine (Oper. Fleatric
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE			TS? 13e.STREET ADDRESS /	7IP CODE
λ	The second secon	rford Edgewood		3026 Ebl	otide Dr. 21040
j	14 FATHER'S NAME		15 MOTHER'S MAIDE	NNAME	
2	FIRST	MIDDLE LAST	FIRST	MIDDLE	Malion
-	Charles 160 WAS DECEASED EVER IN U.S. AF	Devak RMED FORCES? ITAL SOCIAL SECU		Mary	
		121-12-		Wooldridge (son) same address
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line file py by one	TO SIENIC	SHOCK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	101101-00	110 91	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF ACANT	PAILUK POSIS -	CE CONTRACTOR
	PART 2 OFFER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	16 CONDITION FOR WHICH	OP RATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
-	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY	
	OR CONTRIBUTING TO CAUSE OF DE	AID	AY YEAR		
1	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOW	IN COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F	AKM EICT	1	
		ital) attended the deceased fram_	19.4	10 7/VV	19 81 that (I) (we) last
	saw the deceased alive ar	7/20 19	, and that in (my) (aur) of	pinion death accurred on the dat	te and haur and from the causes stated
i	27b \$IGNATURE	of view the bady after death.	DEGREE		22c DATE SIGNED
	Dontin,	mohitmo	O - ATTEND PHYSIC	MEDICAL STAFF	7/71/10-
	ANTE	MONAKIL, N	10 6725,0	inion Ave As	ovrede Grace MA
Ī	23a BURIAL, CREMATION, REMOVAL	236 DATE 23c N	NAME OF CEMETERY OR CREMAT		
	Burial		ardens of Fai	th Baltin	more Md.
	24 FUNERAL DIRESCHIMUN				

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3331 Brehms Lane, Balto. Md.

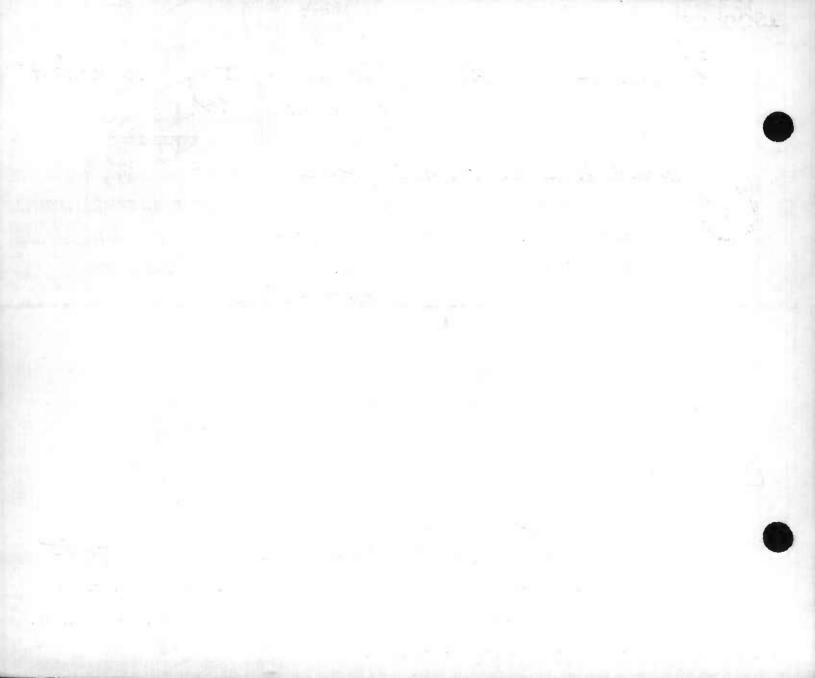
DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 retained by the hospital or attending physician.	-
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely find the time funeral director. should be detached for use as the buriol-transit permit. Then please remove carbon papers, Pages, I and 2 this little of this thin 72 hours ofto with the State Deat of Health and Mental House error to buriol, cremotion, or removal.	
IMPORTANT: If them 21 is morked or stem 18 shows any injury, or other troumotic event, the medical examin	

7,0					7171	E OF MARYLAND				
2	1	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
		STATE REGISTRAR		CERTIFICATE OF DEATH B 5 REG. N				6 0 2	9	U
	1. DECEASED NAME FIRST			MIDDLE		LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR			
deoth deoth		XOUISA	4	£	11/	etman	Duly	10	85	10:14 %
1	3. SEX			RACE	3 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		ER I YEAR	# UNDER 24 HRS
FEMALE 74 BIRTHIBLACE		FFMALF		WHITE	MONT	H DAY YEAR	74	YRS	DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOR	EIGN 7b	CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY O	DEATH		
00	WEST VIRGINIA			USA	MARRIE	ED NEVER MARRIED				445
5 5		Y OR TOWN OF DEATH	1 11			OR OTHER INSTITUTION	12a USUAL OCCUPATE	KIND OF BUSINESS OR		
		1 0-		(IF NOT IN SUCH FACILITY,	4 -	46000	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS			
200	USUA	L RESIDENCE IF NURSING	HOME OR OT	BREITINS HER INSTITUTION, GIVE RESID	NUVS I NO	Home	HOMEMAKER			
E_{D}	13a. S	TATE 13	BL. COUNTY	13c CIT	YORTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /			01.070
1	Mi	THER'S NAME	HARFOR	U MAVI	RE de GRACE	YES X NO	410 NORTH STOKES STREE		ET 21078	
ond 2		FIRST	MID		LAST	FIRST	MIDDLE		LAST	
	14 . 14	ARTHUR AS DECEASED EVER IN	G		ORKMAN CIAL SECURITY NO.	LYDIA 17. INFORMANT	ADDRE		ELL	
Poges		ES, NO OR UNKNOWN)	(IF YES, GIVE W	/AR OR DATES)					. ~	
0.0		NO		234	74 8864	MRS. JOAN COX	SAME AS #13e			ROXIMATE INTERVAL EN ONSET AND DEATH
er froumotic event, th		Conditions, if ony, we gove rise to immediately course (o), stoting	diote	DUE TO, OR AS A C						
injury, or other troumotic	TION	gove rise to immer couse (o), stoting underlying couse	diote the last.	DUE TO, OR AS A C	ONSEQUENCE OF	T NOT RELATED TO THE TERM				
s ony injury, or other froumond	TIFICATION	gove rise to immer couse (a), stating underlying couse	diote the last.	DUE TO, OR AS A C	ONSEQUENCE OF	T NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY? YES NO X	DITION GIVEN IN 20b. IF YES, WEF IN CERTIFYING YES YES	RE FINDIN	IGS USED
2	CAL CERTIFICATION	gove rise to immediate to immediate to immediate to immediate to immediate the course of the course	diote the last. FICANT COI DN SEYING USE OF DEATH LEXAMINER)	DUE TO, OR AS A C	TING TO DEATH BUTTON OPERATION	216 HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WEF IN CERTIFYING YES [RE FINDIN CAUSES	IGS USED OF DEATH?
18 shows any injury, or other troumotic	CAL	gove rise to immer couse (a), stofting underlying couse PART 2 OTHER SIGNIF 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	diote the last. FICANT COI DN SELVING USE OF DEATH LEXAMINER) D	DUE TO, OR AS A CONTRIBUTION OF CONDITION FOR THE CONDITION FOR TH	CONSEQUENCE OF ITING TO DEATH BUT OR WHICH OPERATION Y ONTH DAY YEAR 19	ON WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES THE TIME THE PART I O	RE FINDIN CAUSES	IGS USED OF DEATH?
is marked or them 18 shaws any injury, or other traumatic	-	gove rise to immer couse (a), storing underlying couse PART 2 OTHER SIGNIF 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE! AT WORK 22a.1 certify that (1) (1)	diote the lost. ICANT CO IVING USE OF DEATH LEXAMINER! D his hospital	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR ALMAL MCORP. M. M. CONTRIBUTION FOR ALMAL MCORP. M. CONTRIBUTION FOR ALMAL MCORP. M. M. M. CONTRIBUTION FOR ALMAL MCORP. M. M. M. CONTRIBUTION FOR ALMAL MCORP. M. M. M. M. CONTRIBUTION FOR ALMAL MCORP. M. M. M. M. CONTRIBUTION FOR ALMAL MCORP. M.	ONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATION Y NTH DAY YEAR 19 RY OFFICE FARM.ETC.)	216 HOW INJURY OCCURI 211 LOCATION STREET	YES NO NO RED (ENTER NATURE OF INJUI	ZOB. IF YES, WEI IN CERTIFYING YES TENTIFY IN ITEM 18 PART I O	RE FINDIN CAUSES RPART 2)	IGS USED OF DEATH? NO STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

104050	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
191056		REGISTRAR			ERTIFICATE OF DE	ATH	REG. NO.	2 0	2 9 1	
1 35 34		CEASED NAME OR PRINT)	ARAH	GUNTHER	WURKEL		20. DATE OF DEATH MONTH	4 85	26 HOUR 8:34 PM	
ge 4 mo)	1.5E	FEMALE	1 RACE CAU		DATE OF BIRTH	クダ	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
1 11 10	Nor	RTHPLACE (STATE OR FOREIGN COUNTRY) The Carolina	76. CITIZEN OF WE	A	MARRIED NEVER MA	ARRIED	9 BALTIMORE CITY <u>OR</u> COL HARFO	RD DEATH	MD.	
1 2	7	ALLSTON	(IF NOT CHE	SPITAL, NURSING ACILITY SIXE STREET ADD	HOME OR OTHER INSTIT	TUTION TO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Realator			
1 11 36	130 5	AL RESIDENCE (IF NURSING HOME O STATE 13b COU		BEL AL		40 🗌	13e STREET ADDRESS / ZIP	Gune	PC21014	
1 1/20	14 FA	THER'S NAME FIRST George	MIDDLE	Smith	15. MOTHER'S A Zora	RST	MIDDLE	Gree		
Poger /		VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES!	b SOCIAL SECURIT 215–16–94		Gunth	ner ADDRESS M Skir Jones, 1 G	d. 21014 lenwood R	oad,BelAi	
physicis emovol. event, the		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	nly one couse per lin ED BY (TE CAUSE (o)	MASS	NE MY	ocar	dial carrie	APPROX BETWEEN	ONSET AND PEATH	
that the death ce d by the attending ease remove carb ol, cremation, or r		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR A	AS A CONSEQUENCE	Uary C	celu	sia	Ha	ns	
requires I Then pl or to buri	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CON</u>	TRIBUTING TO DEA	ATH BUT NOT RELATED TO	O THE TERMI				
The low ion.	CERTIFICATION	190 DATE OF OPERATION			PERATION WAS PERFOR!	MED	200 AUTOPSY? 206. IN C	F YES, WERE FINDI ERTIFYING CAUSES YES [NGS USED S OF DEATH? NO [
ig physic ig physic certificate		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	AIR	NJURY MONTH DAY	YEAR 19	JRY OCCURRE	ED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)		
VG PHYS other this free this	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY , FACTORY, OFFICE FARM	A, ETC) 21f LOCATION STREET	1	CITY OR TOWN	COUNTY	STATE	
Spitol or CTOR: A	1	that (i) (this haspital) arrended the decrosed from 19 to 19 that (i) (we) lost say the deceased abre on 19 ond that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated galaxy (if (we) (did (did not) view the body of the door.)								
ral OR A y the ho Ral DIRE		tau	1/10	M	PH PH	TENDING HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	A PACE DATE	SIGNED PS	
O FUNERA		RARPY	A-W	OHL	220 ADDRESS 2003	Roc	KSPrin Ro	. Fore	T HILL MO	
7 5 1 3 1 3	23 a. B	URIAL, CREMATION, REMOVAL			ME OF CEMETERY OR CR	EMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
BP	24. FL	Burial	July 8,1	.985 Trin	ity Luthera	n Geme	RELOYER RELIGIONATES D. RE	Hartord	TLIRE MO.	

JUL

DHMH - 16 60M 7/B4 (VRA 15, 4)

NAME ADDRESS Howard K. McComas III, Abingdon, Md. 21009

RSb. REGISTRATE TO TURE MO. 8 1985

